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Index

Ordinary People ... Extraordinary Lives

Heart of a champion beats in transplant patient

By Ron Cichowicz

Becky Ridgeway understands better than most what it means to get a second chance in life.

When she was only 5 months old, she went into heart failure. The physicians never determined why this occurred, other than that the way her heart was pumping on the left side was not normal. Still, she went on to have a normal childhood growing up in Oklahoma, where she vividly remembers running, snow skiing and participating in gymnastics.

Ridgeway would marry, and subsequently move to Colorado, Illinois and Michigan, where she worked full time as a certified public accountant. After welcoming their first child – a little girl they named Sarah – the family moved to Boca Raton, Fla., where Ridgeway got a part-time job as a CPA.

You might say she was living the dream.

But the dream began to fade about a year later when, pregnant with a second child, Ridgeway suffered a miscarriage. As devastating as the news was, it was only the beginning. It seemed her heart wasn't functioning properly, her physician told her.

"But I felt fine," Ridgeway recalled. "Every so often I would feel tired and take a nap, but I thought that was normal for someone working part time and taking care of a young child."

Tests soon verified that Ridgeway's heart wasn't pumping enough blood. Not by a long shot. Still, she was stunned when her doctor asked if anyone had discussed with her the possibility of a heart transplant. She was 26 years old.

"I remember that I actually laughed when he asked the question," Ridgeway said. "I thought he was joking. He explained that there's something called the ejection fraction that measures how much blood your heart is pumping out. The normal rate is about 60 percent. Mine was 13 percent. Below 20 percent, you are considered a transplant candidate."

She wasn't put on the transplant list immediately. Because of the risks, her doctor wanted to wait until she showed more symptoms. It didn't take long.

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Submitted photo

Becky Ridgeway, center, with husband Dave Marko and daughter Sarah Tarkoff, got a new lease on life through a heart transplant.

Mon-Vale's Panza committed to quality patient care

By Ron Paglia

On any given day or night – even weekends – Louis J. Panza Jr. can be found in his office, attending a meeting or conference or doing whatever else is necessary to pursue his goals and ideals involving quality health care.

"I enjoy being busy. It's as simple as that," said Panza, president and chief executive officer of Monongahela Valley Hospital in Carroll Township and its parent company, Mon-Vale Health Resources, Inc., said. "You know that old saying about not letting the grass grow under your feet. It is particularly appropriate in health care."

Indeed.

"Change is constant, challenges are inevitable in our business and you must always be ready to find solutions to those factors," Panza said. "We take pride in being an independent community hospital and our commitment to remaining as such will never waver. We are blessed with a Board of Trustees that offers strong support and direction and physicians and staff who firmly embrace our mission to provide quality health care in a financially responsible manner."

One of Panza's major challenges came on July 1, 2004, the day he succeeded Anthony M. Lombardi as president and CEO of the health system that serves some 100,000 residents of the mid-Monongahela Valley of southwestern Pennsylvania. Lombardi held that position for most of his 41 years at MVH and at one of its predecessor, Charleroi-Monessen Hospital.

"I was, and continue to be, deeply appreciative of the board's confidence in me," Panza, 51, said. "I

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Publisher's Note

A new look for an old friend

"He was born in the summer of his twenty-seventh year.
Coming home to a place he'd never been before.
He left yesterday behind him
You might say he was born again
You might say he found a key for every door."
"Rocky Mountain High" By John Denver

Welcome to Western Pennsylvania Hospital News—an old friend with a new look and attitude.

Perhaps no industry in America over the past 30 years has changed, evolved, and responded to the environment more than health care. Today, our industry stands arguably as the largest, most vital, and most discussed (at least in Washington, D.C.) in the United States. And, for good or ill, it looks like the changes we've weathered so far are nothing compared to what's coming.

When we started Hospital News, we had one idea in mind: to provide the region's health care industry with its own publication, where all could share relevant news, information, and opinion. A few years later, responding to changes in the publishing world and the preferences of readers, we added a web site (wpahospitalnews.com) to help share our message with a wider audience.

But while we continued to enjoy strong support from our readers, we were keeping an eye on a disturbing trend affecting the newspaper business in general in the form of declining readership and ad revenue. Over the past few years in particular, we've seen familiar and revered newspapers and magazines deal with their economic realities by cutting size or frequency of distribution, raising costs for advertising or subscriptions, or going out of business altogether.

The reasons for each publication's struggles are many and varied; collectively, they continue to provide a wake up call to the rest of us who have a commitment and passion to providing the forums we do. Indeed, to quote the old cliché, in publishing, to stand pat is to fall behind. And even the most relevant publications can fall victim to the aforementioned trend if they choose not to pay it any heed.

So at Western Pennsylvania Hospital News, we have taken the time to review and—where appropriate—reset our approach to providing our coverage area with interesting and useful industry news. In the vernacular, we've had a nip here, a tuck there, and the end result is the make over you hold in your hands.

Western Pennsylvania Hospital News & More. Okay, all we added to the logo is an ampersand and the word "More." But that represents a big change for us. It means that you can continue to expect all the important news and information we've provided for three decades. But it also heralds our intention to increase our value to you and your colleagues by opening up our pages for even more news and features of interest to all who continue to make the health care system in this region the best in the nation.

I hope you like the changes we've made. Either way, we would love to hear from you. Please feel free to email or call me and share your thoughts, not just about this issue, but about any way you feel we can continue to serve you as the premier health care business publication in western Pennsylvania.

Harvey Kart

You can reach Harvey Kart at hdkart@aol.com or 404.402.8878.

Panza From **Page 1**

knew comparisons (with Lombardi) would be inevitable with the transition. But I was fortunate to work with Tony for more than 20 years and that experience was invaluable. Obviously I have my own style (of leadership), but we have blended ideas to perpetuate the commitment, leadership and vision that (Lombardi) utilized in moving Monongahela Valley Hospital to the forefront of health care in the region."

Panza began his career at MVH as controller on March 1, 1984, after serving as a health care auditor for Arthur Andersen and Company Accountants in Pittsburgh. Ensuingly, he was promoted several times and was serving as senior vice president and treasurer at the time he became president and CEO.

His experience in finance has been more than beneficial for Panza and the health system.

"There has been a trend recently for chief financial officers to become CEOs," Panza said. "It is a natural transition. Hospitals today continue to experience rapidly changing times. This challenging environment of transformation requires that we have the necessary human resources in place to support our primary objective of insuring quality patient care while managing maintaining costs."

Increased responsibilities notwithstanding, Panza targeted reimbursement (Medicare, Medicaid) methods as the primary challenge in health care and his role as an administrator.

"We have gone from an industry that wanted to provide the best care and technology at any cost (the original Medicare philosophy) and ensure care to all regardless of their ability to pay, to a business that included numerous competitors who do not share that same mission and an economic environment that does not allow for those original pursuits," Panza said.

In terms of technology, he said that almost every facet of health care now has some form of computer assistance – from cutting-edge MRIs to electronic medical records.

"This has created dramatic changes in the training and delivery of services required by caregivers," Panza said. "However, these very same changes have shortened the time for recovery, made treatments safer and improved outcomes for our patients."

On the matter of continuing as a financially sound independent community hospital, Panza acknowledged that is not always an easy assignment.

"We are operating with perhaps the tightest budget in our history," he said of the fiscal 2009-2010 financial package that has prompted belt tightening throughout the health system. "But Mon-Vale Health Resources has demonstrated fiscal responsibility many ways throughout its history. In doing so we have had a strong impact on the economic well being of our communities and we are confident that will continue. Our communities rely on us to operate in a manner that assures our continued existence to meet their health care needs."

Panza, a longtime member and leader of professional organizations on the regional and national levels, said that approach is necessary in the competitive Pittsburgh metropolitan market.

"The people of our region are fortunate to have quality health systems available in their communities," he said. "But we are, in many cases, seeking the same consumers, the same patients. Constant additional capital pressures have forced single hospitals to join systems to support these capital needs. But instead of entering into an acquisition, we have opted to reaffirm our efforts to remain independent. Financial strength and stability, amid increasing competition, have prompted us to do whatever is necessary to be a viable health system."

Panza also sees a strong need for hospitals to remain economically to ensure "the voices of our hospital and our patients never go unheard."

"The demands for health care are growing from many directions," he said. "There's the growing number of senior citizens, the improvement of care that has extended lives, which adds to the number of elderly requiring services, and the overall advances in technology allows us to treat illnesses which previously were not available. Together, these issues make for a perfect storm and rising costs and the need for additional staff. They are challenges we must face and respond to in order to meet the needs of our community."

That system includes Monongahela Valley Hospital, a 226-bed facility anchoring a sprawling complex off Route 88 near Monongahela. In addition to the hospital, the campus houses the Charles L. and Rose Sweeney Melenyzer Pavilion and Regional Cancer Center and the Anthony M. Lombardi Education Conference Center, which can accommodate up to 300 for public and internal programs.

Mon-Vale Health Resources, Inc. also includes Mon-Vale HealthPLEX, a spacious facility in Rostraver Township that includes the MVH Center for Fitness and HealthPLEX Imaging, a complete outpatient diagnostic medical imaging service, the Dean Ornish program for reversing heart disease, Vale-U-Health, the Monongahela Valley Physician Hospital Organization, and physician practice offices.

In addition, MVHR operates The Residence At Hilltop personal care community, Monongahela Supply Company, and in partnership with CPSR Associates Inc., Mon Valley Care Center and Spartan Medical Facility, an ambulatory surgery site, all in Carroll Township. In partnership with Orthopedic and Sports Medical Physical Therapy Associates, MVHR also is involved with Valley Outpatient Rehabilitation sites in Monongahela, Speers and Rostraver.

In all of those operations, one mandate prevails from Panza – customer satisfaction.

"Budgets and reforms can cause uncertainty and concern among patients and health care providers, and crystal balls to foresee the future are in short supply," he said. "Still, it's always wise to invest in offering patients with the best services provided by skilled, experienced and dedicated staff.

"One of the ways I like to express and reaffirm and encourage everyone in our health system, 'Is this the kind of care you would want for your own mother?'" Panza said. "We would never give our patients anything less than what is best for our own family."

Submitted photo

Louis J. Panza Jr., president and CEO of Mon-Vale Health Resources Inc., strives to implement his vision of quality health care in challenging times.

Award-winning nurse discusses trends in allied health professions

By Amanda Dabbs

From human patient simulators to "clickers" in the classroom, the use of technology in the allied health field has skyrocketed over the last few years. "iPhones and iPods are quickly taking the place of textbooks as a resource for students to get health information," said Dr. Kathleen Malloy, dean of health professions at Westmoreland County Community College (WCCC) and recent recipient of the Distinguished Nurse Award from the Pennsylvania State Nurses Association (PSNA).

The Distinguished Nurse Award is the highest honor given by the association and recognizes a member of PSNA who has demonstrated leadership characteristics and rendered distinguished service to the nursing profession, and whose contributions and accomplishments are of significance throughout the Commonwealth.

Submitted photo

Dr. Kathleen Malloy, left, recently received the Distinguished Nurse Award from the Pennsylvania State Nurses Association at PSNA's nursing summit and awards ceremony at DeSales University. Kim Hitchings, chair of the PSNA Awards Committee, presented the honor.

"Kathleen's extensive experience and service in the nursing field, as well as her appointment as the original co-chair of the Pennsylvania Center for Health Careers, made her shine among her peers. PSNA was also impressed with the recognition by Kathleen's colleagues with statements that noted her work as 'innovative and transformational,'" said Betsy Snook, M.Ed, B.S.N., R.N., chief executive officer of PSNA. "Kathleen's dedication and excellence are valued by PSNA and we are proud to have her as both a member of the nursing community as well as a member of PSNA," Snook added.

In addition to earning a dual master's degree in education and oncology and a doctoral degree in higher education from the University of Pittsburgh, Malloy has more than 40 years of clinical and teaching experience. She also is a member of the Allied Health Working Group, an ad hoc task force of the Pennsylvania Workforce Investment Board and the Pennsylvania Center for Health Careers whose purpose is to suggest strategies to alleviate Pennsylvania's allied health workforce shortages, identify key issues and challenges across multiple organizations and develop recommendations to address those issues.

Currently, health care careers account for more than a half million of the approximate 6.2 million jobs in Pennsylvania. That number is expected to jump to 660,000 health care jobs by 2016. "There will be rising demand for many health care occupations across the state over the next seven years," said Gov. Edward Rendell in a November 2009 news release issued by the Governor's Office and the Pennsylvania Department of Labor and Industry.

According to the recent Technical Report by the Allied Health Working Group, the top 10 allied health professions in Pennsylvania that are expected to experience the highest number of average annual openings due to growth and replacement are:

1. Medical assistants
2. Emergency medical technicians and paramedics
3. Dental assistants
4. Medical secretaries
5. Medical and health services managers
6. Medical and clinical laboratory technicians
7. Pharmacists
8. Pharmacy technicians
9. Dental hygienists
10. Medical transcriptionists

Malloy identifies the top three major trends in allied health professions to be the overall increase in use of technologies (electronic medical records, blogs, patient simulators, etc.), the integration of evidence-based practices and the expanded need for interdisciplinary teaching.

"Current and future allied health professionals need to not only understand their role, but the role of others working around them," explained Malloy. "That is why I encourage my faculty and students to continually seek professional development. As health care professionals, it is important that we are always learning."

As dean of health professions at WCCC, Malloy oversees the college's dental assisting, dental hygiene, diagnostic medical sonography, expanded functions dental assisting, medical assisting, and the phlebotomy/specimen profession processing and radiology technology programs. She also provides oversight for the college's nursing program. During her three years at WCCC, she has played a prominent role in helping the college drop its attrition rates while raising its state board passing rates.

"Nursing has shaped me as an individual," said Malloy. "I remind my students that careers in health care require hard work, both mentally and physically; however, I also tell them that they will receive much satisfaction from their careers, knowing that they are helping people everyday."

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"I wanted to prove them wrong," she said. "So I went running to prove my heart could handle it. But I developed a crushing pain in my chest. I also felt extreme exhaustion when I walked up steps. Finally I admitted to myself that I was really sick."

Once she and her family agreed to the heart transplant the next decision would be where to have the surgery done. It was 1988, and heart transplantation was not a common procedure in most hospitals.

"The hospital in Florida had only done six, so we asked where else we might go," Ridgeway said. "Stanford and Presbyterian Hospital in Pittsburgh were recommended. But Stanford wouldn't accept me because they weren't sure they could get me a heart in time."

The Long Wait

Once Ridgeway and her family moved to Pittsburgh, she was given a beeper and told she would be notified as soon as a suitable heart was found. It took six agonizing months.

"Waiting was really difficult," she recalled. "I was growing sicker and sicker, and I was afraid that I was going to die before they found a heart for me."

Ridgeway's anxiety is not uncommon. Even today, many transplant candidates are caught in a tense waiting game. According to Holly Bulvony, director of corporate communications for CORE (Center for Organ Recovery and Education), demand continues to outstrip supply.

"I believe it is a national crisis," Bulvony said. "Today, there are 8,000 people in Pennsylvania on waiting lists for an organ transplant. Approximately 28,000 individuals receive an organ transplant nationally each year, but there are more than 105,000 waiting."

There was one false alarm for Ridgeway. The beeper summoned her to the hospital, and she was already prepped for surgery when a decision was made to reject the heart as unsuitable. Eventually, another call came and, this time, the heart was acceptable.

She still gets emotional when describing the moment she was to receive a new heart.

"When I found out they had a heart for me, I cried tears of gratitude thinking that I might now live," Ridgeway said. "I felt so blessed, but I knew that for me to have a chance to live, someone else had to have died."

But despite the swirl of emotions overwhelming her, she said she held onto one reason to get through her operation successfully: her little girl, Sarah.

"My own dad died of a heart attack when he was 40 and I was only 9," she said. "So every time I looked at Sarah, I kept wondering if she would grow up without a mom. I just didn't want that to happen to her."

Today, Ridgeway's daughter, Sarah Tarkoff, 23, is a graduate of the University of Southern California living in Los Angeles. She says that her mom's experience has left a lasting impression on her.

"My mom is an inspiration to me," Tarkoff said. "She's an incredible person, who's been able to do incredible things with the second chance she's been given. I'm glad I wasn't old enough to have any fears before her transplant, but more than any other kids, I was keenly aware of what death was. But my parents did a good job of not letting it mess me up as a child.

"If she hadn't gotten her transplant, I wouldn't have known her. I grew up with a mom who taught me to appreciate the preciousness of life. I'll always feel close to her and she'll always be my best friend."

Beginning of a New Life

When Ridgeway awoke from surgery she saw a familiar face. Her mom had flown in from Oklahoma to be at her side.

"I couldn't talk because of the respirator, so my mom handed me a pad and pencil," Ridgeway said. "I wrote, 'I'm so happy.' I just had this amazing joy that I was alive."

For the next year and a half some of that joy dissipated as she developed complications from her transplant. To begin with, the heart felt foreign at first, beating at an unusually high rate, which is normal in transplant patients.

"Still, at times it felt like my new heart would burst right through my skin," Ridgeway said.

Problems put her back in the hospital nine times.

Eventually, however, these subsided and her life began to return to normal. A thin, pink scar, about 8 inches long and one-quarter-inch wide remains a constant reminder of her new heart, as do the numerous medications she takes daily and the routine blood work and check ups she undergoes regularly. But otherwise, her health has been fine. In fact, the word she always uses to describe it is "amazing."

Divorced in 1999, today she lives with her second husband, Dave Marko, in Franklin Park, north of Pittsburgh. "When I came to Pittsburgh for my surgery, I thought it would be temporary," she said, "but I fell in love with the place." He is vice president of sales for a promotional product company, and she works as a financial controller. The couple met at a picnic in 2002 and married five years later.

"My life is so normal, (the heart transplant) didn't affect him," Ridgeway said. "He didn't know enough to be afraid.

"A friend told me about Becky's transplant before I met her and it didn't matter to me," Marko said. "She is just a terrific person and she's on the extreme end of healthy. My relationship with Becky has given me a different perspective about what matters and what doesn't. She has taught me that the most important thing is to try to bring more goodness and kindness to the world."

Ridgeway recalled one Christmas when she and Marko had been dating about a year and a half. When she opened one of her gifts, she found the following letter:

Becky,

Since meeting you, I have come to learn that being an organ donor is possibly the most incredible, giving gift a person can offer. And it isn't just the recipient that benefits from such a selfless act.

Your donor did much more than give you life – she increased the quality of life of so many others who love you and admire you for the amazing person you are.

The people on this page know how much I love you and have been moved by your story – enough to pass along life's ultimate gift so that another person on God's earth can enjoy the kind of life, laughter and love we have shared together.

I love you!

Dave

Attached to the letter were organ donor cards that Dave had collected from people he knew.

Finding Answers, Direction

Ridgeway's illness was eventually diagnosed as familial cardiomyopathy, an inherited condition. Like her father, her grandfather died of heart disease at an early age. Her family cannot be certain, but they believe both men had familial cardiomyopathy. Her niece died of the disease at 5 months; her other niece and her sister have it. Her daughter Sarah has had an echocardiogram and appears to be disease-free.

Determined to be an inspiration to both organ recipients and donors, Ridgeway has been active on a number of fronts. She has been a spokesperson for CORE and previously served on its board for three years. She also has visited Department of Motor Vehicle offices and talked to workers about encouraging license applicants to consider signing up to be an organ donor.

She has competed regularly in the biannual Transplant Games sponsored by the National Kidney Foundation. To date, she has competed as a member of Team Pittsburgh in five competitions – Atlanta, Salt Lake City, Columbus, Orlando, and Pittsburgh – in track and field events as well as volleyball.

"It was during the first games, in Atlanta, that I first won the 100-meter race in my age group," Ridgeway said. "I remember standing on the podium, my chest pounding as they called my name. The first thought I had was, 'We did it. My heart and I won.'"

Shelley Zomak, RN, MS, CCTC, director of the UPMC Cardiothoracic Unit, helped care for Ridgeway during her recovery and later worked with her on the Transplant Games. She applauds the Games and individuals like Ridgeway who compete in them.

"You are always a nurse, but here you get to step outside that role and become friends, to cheer their accomplishments," Zomak said. "The true advantage is watching someone who is sick get well. To watch them walk their children down the aisle or to be there for the birth of a grandchild is very rewarding."

As exhilarating as the competition is for a lifelong athlete like Ridgeway, she said the real satisfaction at the Games comes from meeting hundreds of people, young and old, who have had a heart, kidney, liver or lung transplant and are filled with gratitude for the gift of life they have received.

Submitted photo

Becky Ridgeway cheered on by husband Dave Marko at the Transplant Games.

"When I received my new heart in 1989, statistics weren't even kept for recipients past five years," Ridgeway said. "So just the fact that I celebrated my 20th anniversary and am going strong gives others hope that they can do the same."

She marked two decades with her new heart on Feb. 1, 2009.

"We celebrate every February 1 as Happy Heart Day," she said. "I light a candle for my donor and say prayers of gratitude, asking God to watch over my donor's loved ones."

All Ridgeway knows about her donor is that she was a woman in her 20s from Alabama. Ridgeway has written to her donor's family a few times. Although they have chosen not to respond, she says she wants them to know how grateful she is for their gift, that she prays for their loved one every day, and that she is doing everything she can to honor her gift by taking care of her health. She and her husband have planted a tree – a Rose of Sharon – on their property in honor of the woman they will never know but to whom they are forever connected.

"I think of any donor family as my own donor family," Ridgeway said. "I don't take the gift for granted."

Reflecting on all that she has been through, Ridgeway said she would do it again in a heartbeat.

"My transplant gave me life, changed my life," she said. "It has been a huge blessing."

For more information:
www.transplantgames.org
CORE: 800-DONORS-7
www.donatelife-PA.org

Health care organizations must understand, harness social media

By Daniel Casciato

Welcome to our new monthly column about social media where we'll offer you the latest tips and advice on how to best leverage social media to bolster your organization's image.

Social media continues to change the way organizations shape their identities, communicate and share information. Does your health care organization have a social media presence? If not, consider one of the hundreds of social media platforms now pervading the Web today such as blogs, Facebook, LinkedIn, Twitter, YouTube, and podcasts. These platforms connect groups of people who share similar tastes, interests and agendas.

Why do you need a presence? Your stakeholders — patients, customers, prospects and even your employees — are already active on these online sites. If you don't have a presence, you run the risk of being overlooked. Social media expert and founder of SocialMediaExaminer.com, Michael Stelzner, said that visibility equals opportunity. He said that without being visible, you don't have the opportunities to expand your services.

According to the Social Media Marketing industry report, 88 percent of marketers are using some form of social media to promote their organizations. By leveraging some of the platforms we mentioned earlier, you can be interactive and build trust and relationships with your key stakeholders.

Social media is different from traditional marketing in that instead of "pushing" out your message (i.e. ads and static Web sites), you're engaging in a two-way conversation with your stakeholders. This two-way conversation has a tremendous amount of value because you receive feedback and learn what your stakeholders want in return. At a recent social media online conference, the keynote speaker said to think of social media as attending a party and actually talking to people rather than trying to close the deal.

Today, it's not enough to have people come to your Web site. They want to interact and chat with you. They want to post messages on your blog or Facebook page, or simply follow your tweets. As they get to know you, that's when opportunities emerge.

Social media can transform an organization in a positive and negative

manner. The best example of a company truly using social media to its fullest capability is Zappos.com, the online retailer of shoes and clothing. All of its employees have Twitter accounts and all of its customer service is done using Twitter. By using social media, they're extending that customer experience by engaging with their customers and also by monitoring their brand. And any time you tweet something about Zappos, you'll get a direct message from the CEO, Tony Hsieh.

Social media can also hurt an organization. Consider what happened when a Ketchum PR agent from New York City flew into Memphis and posted on Twitter, "True confession I'm in one of those towns where I scratch my head and say, I would die if I had to live here."

He was on his way to do a presentation on digital media to the worldwide communications group at FedEx. A FedEx employee saw the post and forwarded it to several people at FedEx, including the company's corporate vice president, vice president, directors and all management of the communication department, as well as the chain of command at Ketchum. At the end of the PR agent's presentation, FedEx sent him and his superiors at Ketchum a letter saying, "…with all due respect, to continue the context of your post; true confession: many of my peers and I don't see much relevance between your presentation this morning and the work we do in Employee Communications."

As you can see, social media is extremely powerful, so be very careful and be rather intentional about what you say.

Next month, we'll take a closer look at Twitter and provide you with some useful tips to get you started.

Let us know some of the ways you are using social media. Also, if there are any topics you'd like to see us discuss in future issues, email the Social Media Monitor at writer@danielcasciato.com.

Medical center CEO uses social media to be more transparent

By Daniel Casciato

Many CEOs have been using social media platforms like blogging or Twitter to promote new services, answer questions about their products, and to get more personal with their customers, associates, the public and even the media.

Paul Levy, president and CEO of Beth Israel Deaconess Medical Center in Boston, takes it one step further and uses it in an effort to demonstrate transparency and the power of discussion and community to solve problems.

Levy — who has been blogging for three years and tweeting for one — once posted the percentage of Beth Israel Deaconess patients who get central line infections and the steps the hospital was taking to eliminate hospital acquired infections. Few hospitals publicize this kind of information, but for Levy, it is a patient's right to know.

Submitted photo

Paul Levy, CEO, Beth Israel Deaconess Medical Center.

By leveraging social media tools, Levy also is developing relationships with the general public. He believes that part of the job of a health care CEO is to represent what's happening at the hospital and to keep the public apprised of issues that are important to them.

His blog, "Running a Hospital," gives readers an inside look at the issues facing one of the nation's leading academic medical centers. He often shares stories of his employees and the patients. Levy's goal for blogging is simple: to find interesting topics to write about and to make it interesting enough for people to read.

"I started this blog because I believe I have a fascinating job and I thought that people might enjoy reading about it," he says. "I write about what interests me at the moment. I tend to pick out one or two topics a day and write about it. Sometimes it may be something local, some days it's something national, and sometimes it's not related to health care at all. It always varies."

Levy, not his PR staff, authors his own posts. Also, he notes, his posts and tweets are not reviewed by an internal committee. The first time anyone at the hospital reads his blog postings or tweets are when they are published.

"This is my own personal account," he says. "The hospital has its own social media outlets. No one ever reviews what I write. I just write it."

He also maintains his own personal Facebook page. His advice to health care administrators about using social media is to make sure you write on a regular basis and to write it yourself so it's in your own voice.

> "You don't want to start a blog if you're not going to write it yourself. It should be highly personal."
> *– Paul Levy, president and CEO of Beth Israel Deaconess Medical Center*

"You don't want to start a blog if you're not going to write it yourself," he says. "It should be highly personal. Unless, it's in your voice, it won't be interesting to your readers. So that represents a personal and time commitment to do that. If I was just starting up, I would start a Twitter account and start following interesting people and posting interesting things and learning what people are doing that way."

Levy tweets or writes a post to his blog nearly every day from his home, usually before his regular 5 a.m. bike ride. He spends about 15 to 20 minutes writing. Levy has approximately 2,704 Twitter followers and he follows 162 people. Since he started tweeting in early December 2008, he's written more than 1,300 tweets, or nearly four tweets per day.

"Someone once said that Facebook is the gateway drug that leads to the crack that is Twitter," he says with a laugh.

In the next few years, Levy says that social media is going to grow in importance in ways that we don't understand yet.

"The cat is out of the bag, so to speak, and people will invent more ways to use it," he says. "That's just the nature of it. One of the things to watch that is coming up quickly is Google Wave and the power of that and doing collaborative planning on the Web."

He adds that the only pitfall that should be avoided with social media is to remember that everything you put out there will be public.

"There's no magic to this. People should try it and enjoy the fun of it," he says. "Try it out and play around with it and see what makes you comfortable and what makes you uncomfortable. Do the things that make you comfortable and avoid the things that make you uncomfortable."

Read Levy's blog at http://runninga-hospital.blogspot.com/ or follow his tweets at http://twitter.com/ PaulFlevy.

Where health care succeeds

Shooting from the Hip

By Michael W. Weiss, M.D.

The person who manages one of our practice's ancillary businesses has had a rough job lately.

Her normally reliable staff has become mistake-prone – overbooking schedules, missing deadlines. Her efforts to retool processes and triple check details have reduced but not eliminated errors. Each morning, she arrives at the office, wondering what mess will need cleaning up today.

Here's an overdue message to LuAnn and her team: You also do many things well.

Here's a similar message to Congress: The health care system isn't broken everywhere. Your attention may be focused on fixing its flaws; but in contemplating reform, you mustn't diminish its strengths.

Join me in practice for a day, and you'll know what parts of our system you need to keep.

One of my partners graduated from high school at 16. Another entered medical school after completing his doctorate. They are examples of promising individuals who, possessing the IQ and work ethic to succeed in any field, choose health care for its technical challenges and deeply satisfying rewards.

That such individuals come from every socioeconomic background says much about the openness of our opportunities.

A physician's path into practice is guided by an educational system that methodically progresses students from classroom fundamentals to the highest realms of critical thinking, and that teaches one to be both technical and personal. Our understanding of medicine advances through ongoing research, much of it conducted in U.S. facilities and funded by U.S. entities. We learn about this research through the world's best journals, most of which are published by U.S. medical societies.

At work, I am helped by others who you will find also to be well-trained, competent and kind. These include physician assistants, nurses, medical assistants and radiologic technicians, whose combined clinical skills result in attentive care.

You will meet our front desk receptionists, transcriptionists, surgical schedulers and other administrative staff, whose concern for our patients is as real as mine. You will learn that we employ one MBA and two more in training – individuals with other career options who choose to use their talents here.

I will even introduce you to LuAnn and her team. In them, you will see determination that pushes through adversity. Such grit is common in health care.

In our office, you will find clean exam rooms, sterile supplies, thorough medical records and computer monitors that link to sophisticated imaging centers, allowing us to retrieve advanced diagnostic studies with a few clicks of a mouse. You will hear me collaborate with physicians of other specialties, as we pool our training and coordinate care.

In our hospitals – most of which were founded by charities and volunteers – you will walk through operating rooms equipped with monitors, endoscopes and heart-lung machines, all of which are kept in working order by biomedical engineers. On the units, you will watch nurses take vital signs, dispense medications, encourage healing when possible and offer comfort when not.

These facilities and caregivers are the envy of the world. Had you joined me on my medical mission trip to Guatemala in August, you would have met patients who know what a truly flawed system looks like.

In the emergency department back home, you will see providers deliver life-saving treatment to any who need it, regardless of ability to pay. In my community, you will learn that health care isn't just a problem to be solved. It's an economic force that creates stable employment and a dutiful presence that enhances the quality of every life.

As you contemplate changes to that force and presence, I encourage you to remember what makes our system great – the completeness of its infrastructure, the momentum of its technology, the access to its facilities and the excellence of its teams.

You have the power to build on that greatness. Your actions can also all too easily erode it.

Proceed with caution. You will have fixed nothing if you turn health care into a place where people no longer choose to work, where progress no longer has the chance to occur and where patients no longer wish to be.

Weiss is an orthopedic surgeon with Tri Rivers Surgical Associates. He can be reached at (412) 367-0600 or info@tririversortho.com.

Task force's mammography recommendations are out of line

By Dianna Craig, M.D., FACS

It was with utter surprise that I received the recommendations regarding new breast screening guidelines made on Nov. 16 by the U.S. Preventive Services Task Force.

I wasn't alone, either. When the news was unveiled, I was taking part in a medical conference with other specialists from Walter Reed Army Medical Center. Many of our conversations, in fact, had been centered on how we could better encourage more women to undergo regular breast screenings. Current studies show that only 40 percent of women of mammographic age are having regular, annual screenings.

To recap, the task force suggested that routine mammograms aren't necessary for women of average cancer risk in their 40s, and that woman between 50 and 74 years old don't need to undergo mammograms more often than every other year. They also recommend that physicians abstain from teaching women how to examine their breasts for signs of cancer because of a lack of evidence that it is of any benefit.

Since those recommendations were published, Health and Human Services Secretary Kathleen Sebelius issued a statement saying that the federal policy on mammograms – which follows the recommendations of the American Cancer Society - hasn't changed. Additionally, the overwhelming response from the medical community leads me to believe that few, if any, physicians will change the way they approach breast examinations and regular screenings.

> Regardless of what shortfalls mammography may have, it is the best method we have for detecting breast cancer, leading to life-saving early treatment.

The danger here is how this information could affect women who are already seeking excuses to avoid regular mammograms. As noted previously, we are already aware that a majority of women of mammographic age are not seeking the proper preventive screenings. Women have many reasons for not pursuing regular examinations, but the underlying issue for most is known to be the anxiety related to the test results. However, short-term anxiety is certainly a worthy trade off for long-term health.

Certainly, we can all be concerned about the number of false-positive results mammograms produce each year and the amount of undue stress this can create for those patients. But technology is refining the process. Digital mammography – a technology we employ at the Joyce Murtha Breast Care Center – has displayed greater accuracy than traditional methods. In a statement issued on Nov. 16, the American Society of Breast Surgeons said that it believes the "survival rate of women between 40 and 50 will improve from the increased use of digital mammographic screening," and added that the digital system is superior to older technologies for women in that age group.

Regardless of what shortfalls mammography may have, it is the best method we have for detecting breast cancer, leading to life-saving early treatment. Statistics have shown that regular annual exams benefit one in 1,900 women between the ages of 40 and 50 and one in 1,300 women between the ages of 50 and 60. That slight difference in detection rates does not validate recommendations to delay the age at which average-risk women begin having routine exams.

Additionally, the ability of an aggressive cancer to rapidly grow and spread within the course of one year is reason enough to continue annual exams for women of mammographic age. Extending the regular period to two years could result in dire consequences for many patients afflicted with the disease.

And from a financial standpoint, it just makes sense to continue operating by the current American Cancer Society standards. Mammograms are not a costly procedure and early detection can allow for simpler and shorter term treatment that not only saves lives, but is less costly. The longer a mass continues to grow and spread, the more likely it is that additional, more costly procedures will be required to save the patient's life.

I can't be certain what motives were behind these recommendations, but they only act to erode our proven best practices. Following our current guidelines is the best means by which we can continue to combat this terrible disease and save the lives of many more women.

Craig is the medical director at Windber Medical Center's Joyce Murtha Breast Care Center and a general surgeon specializing in breast disease.

New breast cancer guidelines met with caution in western Pa.

By Christopher Cussat

In November, the U.S. Preventive Services Task Force (USPSTF) issued a controversial recommendation about breast cancer screening. The reaction to the group's official statement has been national, loud and mixed.

The statement released by the USPSTF on Nov. 17 was an update of its 2002 recommendation statement on screening for breast cancer in the general population. In short, the newest and most controversial part of recommendation states: "The USPSTF recommends against routine screening mammography in women aged 40 to 49 years. The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take into account patient context, including the patient's values regarding specific benefits and harms."

> "There's still enough uncertainty that insurance companies should not block women if they want to be screened yearly starting at age 40. That's what this is coming down to and that's what everybody is really afraid of."
>
> *- Dr. Adam Brufsky of University of Pittsburgh Cancer Institute*

Adam Brufsky, M.D., Ph.D., provides a cautious voice representing the reaction of the Pittsburgh medical community. He is the associate director for clinical investigation at the University of Pittsburgh Cancer Institute.

According to Brufsky, the USPSTF had six computer models which all showed a benefit to annually screening women starting at age 40 and going up to age 84.

"Where there was a big difference in the six models was in whether you should start screening women over 50 and whether you should start screening women every other year instead of yearly," he says.

Four of the models suggested a small benefit to changing from twice a year to yearly, and the other two models showed a continued, substantial benefit to screening yearly and screening starting at age 40. The USPSTF decided to throw out the latter two models and keep former four, stating that it believes the harm of more frequent and earlier screening does not justify the additional small benefits.

Brufsky notes that when the USPSTF was pressed to define the "harm" mentioned in the statement, it explained that the "harm" was an increased anxiety of women over false positive tests. This is why there has been such criticism and controversy associated with the new recommendation.

"I think this is what really infuriated women because the USPSTF was basically saying, 'We know better than you and we don't want to expose you to the harm of increased anxiety,'" Brufsky says. He believes that most women would not mind the increased anxiety if it means that 1 out of 20 or 30 times cancer might be found.

He also notes that most medical professionals who have read the statement and reviewed its data respond with the following advice: "If you're a woman who doesn't want to be screened until age 50 and you want to be screened every other year, the model suggests that is OK. However, if you're a woman age 40 or 50 and you want to be screened every year, there's no reason why you shouldn't continue." Brufsky adds that if it were his relatives, he'd still recommend they be screened every year.

Another concern about the USPSTF statement is the fear that some insurance companies may want to stop paying for earlier or more frequent breast cancer screenings. Brufsky explains, "There's still enough uncertainty that insurance companies should not block women if they want to be screened yearly starting at age 40. That's what this is coming down to and that's what everybody is really afraid of. I think we're afraid that insurers and payers will use this to not support current screening practices."

Brufsky, who is also the director of the Women's Cancer Program at Magee-Womens Hospital of UPMC, is very confident that his views about the USPSTF recommendation are generally shared among his colleagues in Pittsburgh and even nationally.

"The USPSTF statement has not affected local screening or treatment policies. I tend to know the flavor in this town, and I think the vast majority of Pittsburgh medical professionals are still going to recommend annual mammograms for women starting at age 40," he says. He also believes that this is currently the general consensus of oncologists nationally.

Submitted photo

Dr. Adam Brufsky, University of Pittsburgh Cancer Institute associate director for clinical investigation.

See **Guidelines** On **Page 44**

The last bus is pulling out of the station: Don't get left behind

By Nick Jacobs

As a small child I should have been diagnosed with the MacGyver Syndrome because, like the famous television show character, I was always looking for ways to do things differently, more creatively, and, when possible, less expensively.

My fascination with paper clips, black tape and all types of kid inventions dominated my childhood. We had trap doors with pulleys; modified tin can walkie talkies; space ship control panels made of buttons, soda bottle caps and Cracker Jacks toys; and a mad scientist laboratory. We used Morse code handsets, old fashioned light bulbs and practically everything that was not nailed down.

This approach to managing my childhood play resulted in a method of thinking that has never really changed much to this day. My friends describe me as a futurist. My enemies describe me as … well, we don't need to go there.

When I first entered the world of health care administration, I was enamored with cutting edge, leading edge, and, sometimes, unfortunately for the bottom line, bleeding edge technologies and processes. The readings that became part of my adult life included authors and futurists like Joel Barker, Alvin Toffler, John Naisbitt, Patrick Dixon and Leroy Hood, M.D., Ph.D.

Last month I had the rare pleasure of attending a nearly two hour presentation by Hood regarding the future of medicine and healthcare.

> Through the marriage of proteomic and genomic information, combined with today's current diagnostic testing, science and medicine will morph even more completely.

Hood was responsible for inventing most of the molecular analysis equipment that we used at my previous place of employment, the Windber Research Institute. He was the Gates scholar at Seattle's University of Washington and also is known for his work as the founder of the Institute for Systems Biology. Additionally, Hood is a member of the National Academy of Sciences, the American Philosophical Society, the American Academy of Arts and Sciences, the Institute of Medicine and the National Academy of Engineering. Indeed, he is one of just seven of more than 6,000 scientists elected to the NAS, NAE and IOM academies. He also has played a role in founding more than 14 biotechnology companies.

The most essential pronouncement made by Hood during his presentation was that within the next five to 10 years health care will fundamentally change from reactive to proactive. He presented his P4 theories of the future of medicine: predictive, personalized, preventative, and participatory.

Interestingly, not unlike many medical related executives, Hood said that "scientists are enormously conservative," but his thesis is that, regardless of their conservative bent, biology is now — and will continue to evolve into — an informational science. Through the marriage of proteomic and genomic information, combined with today's current diagnostic testing, science and medicine will morph even more completely. For only $300, genetic tests, which less than a decade ago would have cost $100 million, will be available for everyone.

Due to the spectacular computing power that is growing exponentially, 2,500 blood organ specific proteins from 50 organs will be used to diagnose patients and provide them with wellness assessments. Vaccinations will be developed as specific therapies for literally hundreds of different diagnosis, and the use of drugs will be used to monitor toxicity, response, dose and combinational therapies. These types of advancements will result in "planned strategies for health."

The title of this article is directed toward the future and these inevitable changes. Although it is unrealistic for most small- and medium-sized hospitals to create their own genetic and proteomic testing programs at this time, it is not unrealistic to begin the process of educating your physicians, laboratory technologists and physician extenders on these topics. It is also important to begin increasing your understanding of these changes so that the bus does not leave without you or your hospital.

Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient-centered care. With 22 years in health care management, he is author of the health care book, "Taking the Hell out of Healthcare" and the humor book, "You Hold Em. I'll Bite Em." Read his blog at healinghospitals.com. For more about molecular imaging and proteomic and genomic analytical techniques contact Tom Kurtz, president and CEO of the Windber Research Institute at (814) 361-6988.

HITECH Act brings challenges and uncertainty, monetary incentives

By Robert H. C. Ralston

On Feb. 17, 2009, President Obama signed the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was part of the American Recovery and Reinvestment Act (a.k.a. the stimulus act). The bulk of spending authorized by HITECH — more than $17 billion — will go to pay incentives to providers to adopt electronic health record (EHR) technology. Similar to the Electronic Prescribing Incentive Program created by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), HITECH includes tiered incentive payments and penalties to drive EHR adoption. Providers will need to tread carefully in order to maximize the benefits and minimize the penalties.

Starting in 2011, "eligible professionals" (in most cases, physicians) who demonstrate "meaningful use" of a certified EHR system will be eligible to receive incentive payments. Each annual incentive payment will be equal to 75 percent of the Medicare charges for the services furnished by the eligible professional, subject to a maximum cap. The first year is capped at $15,000, the second at $12,000, the third at $8,000, the fourth at $4,000, and the fifth at $2,000. In addition, early adopters whose first payment year is 2011 or 2012 will receive a higher first-year cap of $18,000. There are no payments for meaningful EHR use after 2016. Likewise, eligible professionals who wait until 2015 or later to adopt EHR technology will not receive any incentives.

There are additional rules for certain providers. Eligible professionals practicing in a health professional shortage area will have their incentive payments increased by 10 percent. Hospital-based physicians who substantially furnish their services in a hospital setting are not eligible for incentive payments. Hospital-employed physicians who do not practice in a hospital setting will still be eligible for incentive payments; those payments will be paid to the physicians, not to the hospital. An eligible hospital that is a meaningful EHR user may receive up to four years of incentive payments, beginning in 2011. Subsection (d) hospitals and Critical Access Hospitals that are meaningful EHR users can receive bonus payments starting in October 2010.

All of these incentive payments — subject to the annual caps — are based on Medicare charges. Similar incentive payments are also available for participants in the Medicare program. An eligible professional may not, however, receive payments under both Medicare and Medicaid incentive programs in the same year.

HITECH's penalties arrive in 2015. By then, providers are expected to have adopted and be actively utilizing an EHR system. A provider who has not done so will be subject to a reduction in the provider's Medicare fee schedule payment. The penalty starts at 1 percent in 2015, and rises to 2 percent in 2016, 3 percent in 2017, and 3-5 percent in subsequent years, depending upon the rate of nationwide EHR adoption (lower rates of adoption will result in higher penalties). Hospitals that are not meaningful users by 2015 will be penalized with tiered yearly reductions in their market basket updates.

The greatest challenge and uncertainty under HITECH relates to a fundamental term that remains undefined: "meaningful use." HITECH directs the Department of Health and Human Services (HHS) to develop a formal definition of the term by the end of 2009. If HHS adopts the recommendations advanced by the HHS Health IT Policy Committee, then the definition of "meaningful use" will be a moving target.

In August, the Health IT Policy Committee drafted recommendations that call for increasingly stringent minimum standards for meaningful use. The general goals released by the Committee include the capture of detailed patient information by 2011, the use of electronic information to support clinical decisions at the point of care by 2013, and widespread information-sharing, including device interoperability, by 2015. In addition to the general standards, the Health IT Policy Committee released a 10-page matrix proposing dozens of detailed objectives for 2011, 2013 and 2015. All of the recommendations can be found at http://healthit.hhs.gov.

At the moment, it remains unclear which objectives will be incorporated into the final definition. But it is likely that an increasingly-stringent tiered definition will be issued by HHS, and HHS has indicated that the 2013 and 2015 criteria may not be finalized until well into 2010. That means providers and vendors seeking the early-adopter bonus will be installing EHR systems that will necessarily require modifications and upgrades in order to qualify for "meaningful use" in later years. It will be critical to select a stable, experienced EHR vendor that can meet the challenge.

HITECH offers a significant monetary incentive for providers who can demonstrate the "meaningful use" of an EHR system. But implementing an EHR system is challenging enough, and a tiered definition of "meaningful use" will only complicate the matter. More than ever before, it will be critical to select an EHR system and EHR vendor that has the flexibility to adapt to the federal government's moving targets.

Ralston, an associate with Houston Harbaugh, P.C., practices health care law, business law and commercial litigation. He can be reached at (412) 288-2265 or ralstonrhc@hh-law.com.

IAHSS champions importance of professionalism

By Barbara R. Fallon

Whether you read political cartoons on the op-ed pages, are a fan of TV or movie comedy/dramas, or just on the receiving end of e-mail jokes, you are probably familiar with the negative stereotypes and exaggerated caricatures of almost every profession. "School marms," "stern librarians," "spin doctors," "computer nerds," or "crooked politicians" describe some favorite targets — an obvious challenge for any professional association to combat.

However, in today's world of high profile security breaches and concerns for safety, the International Association of Health Care Security and Safety (IAHSS) certainly counts no Barney Fifes from Mayberry among its ranks. In fact, because the society membership consists only of accomplished hospital and health-related security professionals, there is an added personality trait on hand at all times — compassion and empathy for patients and visitors typically stressed over health concerns.

IAHSS, formed in 1968, is the only organization solely dedicated to professionals involved in managing and directing security and safety programs in healthcare institutions. Its 1,800 members have joined together to develop educational and credentialing programs and create a body of knowledge that meets the needs of today's fast paced and ever changing environment.

"Health care is unique from industrial or law enforcement venues because the majority of incidents involve people who are themselves ill or injured or concerned about a loved one's health. Security professionals need to identify potential stressors and know how to de-escalate situations often before an incident occurs. The human element is a vital component in successfully dealing with incidents in the ER, ICU or maternity units. Being versed in handling the unexpected is routine," according to Evelyn Meserve, executive director.

Submitted photo

IAHSS executive director Evelyn Meserve.

> "Input from experienced professionals can also help drive administrators to identify the added value a qualified security program brings and ensure appropriate budget support."
> *– Evelyn Meserve, IAHSS executive director*

In order to provide a safe, pleasant, and crime-free atmosphere, quality control measures must provide proactive security approach, assure client satisfaction, and promote a professional atmosphere in performance, attitude and appearance. It takes more than just a nice smile or an empty apology to explain the reason why someone cannot be accommodated but also service that seeks an immediate solution.

Of course this empathy is also where an individual alone might feel inadequate. IAHSS is in a unique position to help meet personal and professional goals in a supportive and stimulating environment. Seasoned professionals are elected to serve as the association's board of directors. Working with volunteer committees, the organizational structure is disciplined and agile enough to respond quickly to member concerns on everything from citizens with disabilities regulations to labor laws and proactive crime prevention practices.

According to its website, education is the hallmark of IAHSS activities, from which additional goals of credentialing, professional development and industry influence have emerged. To date, thousands of individuals have successfully completed training, more than 40,000 officers achieved basic certification, and many managers have progressed through an educational process to reach the CHPA level. All IAHSS programs are designed to enhance security and safety job performance with distinction.

"Growth of the profession and membership are two areas of extreme interest and continue to require a champion to secure budgetary support, particularly in the post-9/11 calm, when expert preparedness is needed to meet new challenges that arise," Meserve said.

IAHSS strives to influence industry perspectives based on skills and experience. Plans for an active speaker's bureau to highlight membership expertise are near fruition.

"Input from experienced professionals can also help drive administrators to identify the added value a qualified security program brings and ensure appropriate budget support," Meserved said.

While their fundamental mission is similar, IAHSS members encompass varied professional titles and report through many different organizational channels. They are involved in large urban medical centers, military facilities, college campuses, nursing facilities and small hospitals, as well as companies providing products and services for this market.

For more information or to become a member, visit www.iahss.org, or e-mail evelyn@iahss.org

U.S. needs health care for all

How I See It

By Melvin Kirschner, M.D.

I spent nearly 60 years working in the American health care system. The first 10 years were in the public health field and then 47 years as a family practitioner and biomedical ethicist. I think that I'm qualified to declare that our health care system is broken. We are told that statistically our health care is 37th in the world.

My personal observation is that there are parts of our health care system that are the most innovative, advanced and best in the world. However, many of our people do not benefit from these innovations. It's estimated that 47 million people in the U. S. have no medical insurance. Many of those people can't afford care at all. Those that need care often go to an overcrowded emergency room, the most expensive place in our country to get medical care. Many people cannot afford preventive care.

> Our entire population must have medical insurance – "health care for all." It could be private medical insurance, a combination of private and government, or a single-payer government system such as Medicare.

It's estimated that more than half of our country's citizens and doctors recognize this inequity and are in favor of "health care for all," one form of which is single-payer medical care insurance.

I believe that "health care for all," should not limit insurance coverage because of "prior existing conditions." Paid-for preventive medicine services should be part of the coverage provided by the plan.

Our population will live longer, healthier lives if people had periodical preventive medical examinations and immunizations. It would only be necessary to visit the very expensive emergency rooms for truly serious emergencies.

For this to happen our entire population must have medical insurance — "health care for all." It could be private medical insurance, a combination of private and government, or a single-payer government system such as Medicare. I personally favor the Medicare model — one set of rules, one method of payment and one list of what the plan agrees to pay for.

Another issue is the cost of the health care system in the United States, even for people who have Medicare coverage and have chosen to enroll in the Part D prescription drug option. The Part D prescription drug option offered seniors who were on Medicare a way to save money on their prescriptions. This piece of legislation was rammed through Congress by pressure from the drug industry's lobbyists. At first it failed, but it was finely passed well after the congressional usual time of adjournment. Shortly thereafter, those same lobbyists were employed by the pharmaceutical industry at a very substantial salary.

Part D, the law that was supposed to save seniors money on medicines, was indeed helpful for patients who used large amounts of very expensive prescriptions. But many seniors use small to moderate amounts of medicine. Many people use no prescriptions at all, but if they enlisted in the program, they were required to pay a monthly fee. If they chose not to enroll, the fee level increased monthly until they did decide to enroll.

There were rules in the law that I considered onerous. Some patients discovered that medicines sold in other countries were much less expensive than the identical medicine sold in the U. S. If they imported their medicines, they could save a significant amount of money. Part D prohibited the importation of medicines. The Post Office started to confiscate incoming medicines but soon decided to discontinue that practice. As far as I know the imported medicine ban may still be in the Part D law.

Another thing Part D did was to arrange for the "for profit" insurance industry to create prescription drug intermediaries that obtained medicines from the pharmaceutical manufacturers. At times, the exact medicine I prescribed was not on the insurance companies formulary. Part D was aware that might occur and permitted five levels of appeal, a process I renamed, "five levels of no." In a short time the cost of medicine increased significantly.

We are told that the U.S. has the best health care system in the world. It's innovative, inventive; its practitioners are better educated and more resourceful than any county in the world. I agree that is probably true. But only the wealthy can afford that level of care. Cancer, heart disease and other serious medical problems have driven thousands of our people into bankruptcy.

I became a doctor to help people. I've enjoyed the degree of respect that no other profession can equal. When I was still in practice, nobody left my office without being cared for or referred to a place where they could receive the care that they needed. I am my brother's keeper and my sister's keeper, too.

This country must have a single-payer "health care for all" medical care system. The citizens of almost every industrialized country in the world have medical care for all. Why doesn't this country have such a plan?

Kirschner is the author of "All Medicines are Poison! Making Your Way Through the Medical Minefield." He is a member of the American Medical Association, American Public Health Association and the American Academy of Family Physicians. For more information please visit http://mhkmd.blogspot.com/.

Submissions? Story Ideas? News Tips? Suggestions?
Contact Andrea Ebeling at wpahospitalnews@gmail.com

Parish nurse program links congregants with health care

By Vanessa Orr

While many people visit a doctor's office or a hospital for medical care or advice, there are some who feel uncomfortable doing so, or don't believe that their problems are serious enough to warrant such a visit. Yet many of these people, given the right opportunity, will seek advice from a nurse or other health care professional within their church or congregation.

Pittsburgh Mercy Health System

Officials of the Pittsburgh Mercy Health System Parish Nurse and Health Ministry Program visit with Bishop David Zubik. From left are: Esther Gass, a consultant with the program, Dorothy Mayernik, program manager and Sister Patricia Mary Hespelein, R.S.M., board secretary for McAuley Ministries, also part of the Pittsburgh Mercy Health System.

The Mercy Parish Nurse and Health Ministry Program, a program of the Sisters of Mercy and Pittsburgh Mercy Health System, helps to reach these people. A resource for more than 1,500 parish nurses and lay health ministers in the greater Pittsburgh region, the program supports the needs of nurses and volunteers who want to provide health promotion services in the spiritual setting of their own faith communities.

In 1985, the Rev. Dr. Granger Westberg, a pioneer in the holistic health movement, put together an experiment which placed nurses in churches in the Chicago area as a way to promote the health of body, mind and spirit.

"What he found was that people would talk to the nurses about their medical issues, which resulted in them dealing with these problems before they became more serious," explained Dorothy Mayernik, R.N., M.S.N., manager of the Mercy Parish Nurse and Health Ministry Program.

Over the past 24 years, this core group has grown into an international movement of nurses who feel called to use their professional skills to serve the members of their congregations.

"Churches have as their mission to teach, preach and heal, so what better place to promote health and wellness?" said Mayernik. "Many church teachings encourage us to take care of our health — for example, to avoid gluttony, sloth and lust which we know can lead to health problems. The church also tells us that we must love and serve one another. As volunteers, we also experience spiritual growth, so this ministry works on a number of levels."

Pittsburgh Mercy Health System

Parish nurses commissioned after the June 2009 Parish Nurse Basic Preparation Course range from newly licensed R.N.s to Ph.D.s who work in many nursing specialties. The course was offered by the Pittsburgh Mercy Health System Parish Nurse and Health Ministry Program.

In 1991, Pittsburgh Mercy Health System established a parish nurse program, at first providing a number of nurses to different churches in low-income neighborhoods and paying their salaries. The system also worked with volunteers who wanted to serve in their own faith communities, providing continuing education opportunities and other resources. This past year, the program became strictly a resource center as the grant money used to fund paid nursing positions was unavailable.

"As the only regional center in the tri-state area, we not only support parish nurses in the Pittsburgh community, but those from out-of-town," said Mayernik. "We also offer support to laypersons who are part of the Health Ministry team, as well as health professionals like doctors, physical therapists and pharmacists."

A specialty practice recognized by the American Nurses Association, parish nursing is the practice of professional nursing with intentional care of the spirit.

"While it is not always possible to give spiritual care in a fast-paced clinical setting, parish nursing provides spiritual intervention with every client contact," explained Mayernik. "Parish nurses may pray with a client or help them to find God in a given situation. This gives a person strength to cope and follow the needed treatment plan. Connecting a person to the caring community of the church truly helps the healing process."

Parish nurses also act as health educators. "They may explain what a doctor said, explain medical terminology or treatment plans, or serve as personal health counselors," said Mayernik. "They also act as referral agents for people who need community resources like in-home support services for the elderly, transportation, Meals on Wheels or programs for the under or uninsured."

Parish nurses also serve as health advocates. "We had one woman who wasn't taking her medication because she couldn't get the lid off of a child-proof bottle," said Mayernik. "After taking the woman to the doctor for treatment of the high blood pressure, her parish nurse talked to her pharmacist, who noted on her record to dispense medication with easy-open lids."

According to the International Parish Nurse Resource Center in St. Louis, Mo., there are approximately 10,000 parish nurses in the U.S. and 2,000 more worldwide.

"I believe it is a growing movement here in Pittsburgh," said Mayernik. "I know that as a resource center, we are getting more calls."

While there are a few paid parish nurse positions, Mayernik estimates that more than 95 percent of parish nurses are volunteers.

"When you look at the history of health care, the church took the lead in the middle ages with monastic orders dedicating themselves to caring for the sick," she explained. "As parish nurses, we are working to reclaim the historic roots of health and healing that are found in the church."

For more information, contact the Mercy Parish Nurse and Health Ministry Program at (412) 232-5815 or visit www.pmhs.org.

Spirits soar, bodies respond positively to power of music therapy

By Vanessa Orr

For many people, music is an extremely important part of life. Some use it to relax; others to inspire. Music can bring back treasured memories, or take one's mind off current troubles. Some people find great joy in music; others seek spirituality through its notes. But no matter how or why one appreciates it, music can make a profound difference in a person's life.

Numerous health care facilities, including hospitals and nursing homes, have created music programs to help patients and residents reap the benefits that come from hearing or singing favorite songs. At UPMC Passavant, Kathy Layo, a respiratory therapist, started the SingSpiration program to entertain and comfort patients.

"I started the program 10 years ago, and it has been very successful," she explained. "Though I originally sang hymns, I've now got a pretty big repertoire, which includes Barbra Streisand, Josh Groban, Celine Dion, and even the Scorpions.

"I think SingSpiration has been a success because it helps to break up the monotony of a patient's day," she said.

Submitted photo

Residents at Vincentian Regency participate in a music-based activity, which has been shown to reduce stress and benefit lives.

"It touches a part of them that medicine doesn't touch. Sometimes it even takes them back to a different time in their lives and it lifts them up. I've seen spirits soar when the body is unable to move."

Layo shares the story of a World War II veteran who says that her songs gave him comfort because they reminded him of times when he heard German soldiers singing, which meant that his troops were safe. She also shared her memories of joining hands with a family whose loved one was dying, and singing the song "You Are Mine."

"The family joined in, and to this day, it is impossible to explain how that felt," she said. "It was a privilege to be there."

In addition to providing good memories, music can also have an effect on a patient's body, from relieving stress to decreasing a person's blood pressure and heart rate. Deborah Benkovitz, L.S.W., M.S.W., M.T.-B.C., uses music therapy at Children's Hospital of Pittsburgh of UPMC to help children relax and to take their minds off of unpleasant procedures.

"People entrain with music and the dominant sounds around us," explains Benkovitz, who also serves as the president of the Mid-Atlantic Region of the American Music Therapy Association. "At a parade, for example, 99 out of 100 people will do something in sync with the rhythms they hear, whether they want to or not. Conversely, we can slow a person down and decrease their heart rate and blood pressure by making sure that a slower rhythm is the dominant sound in a room."

Benkovitz uses music to distract or refocus children's attention away from things that are happening to them in the hospital. "Children can focus on getting an IV, or they can focus on choosing animals for Old MacDonald's farm," she explained. "They can't have their minds on two things at once."

She also uses music to help create relaxing images. "When children are anxious or in pain, I ask them where they'd rather be," she said. "If they say they'd rather be at Walt Disney World, I ask them where. On the teacups? Then I create a song on the spot using very soothing rhythms, and invite them to close their eyes and go there."

Music also helps to provide "normalization" for pediatric patients who are not familiar with a hospital atmosphere. "Kids grow up with music—they're surrounded by it," explained Benkovitz. "Being in a hospital is not normal, and the sounds are not the same as at home. Music provides good stimulation as compared to the stimulation provided by beeping equipment."

Children also benefit from being able to express themselves in songs that they create. "There is a lot that children can't control in a hospital and this can make them tense and angry," said Benkovitz. "But children are often afraid to express themselves because they think that if they say what they don't like, the nurses or doctors may get mad at them.

Submitted photo

Music therapist Deborah Benkovitz of UPMC Children's Hospital.

"When we put what they don't like in a song, it's very safe," she continued. "I'm an adult, and I'm telling them that it's okay; a 'hospital blues song' allows their aggressive feelings to come out and reduces their levels of stress. And patients heal better when there's less stress."

Music can also help in the care of senior adults at nursing homes or assisted living facilities. The music program at Vincentian Regency, for example, not only provides entertainment to residents, but helps in their mental and physical well-being.

"Sometimes when we play music, we give our residents tambourines or maracas and ask them to play along," said Denise Calkins, director of volunteers and activities. "This encourages them to increase their range of motion, and also challenges them cognitively in a fun way.

"While many can't dance, they can wave scarves to the music and keep time, which helps to relieve stress," she added.

In order to be a member of Vincentian Regency's Activities Department, a person must play at least one musical instrument proficiently. Several volunteers also visit the facility to entertain and there is even a resident choir.

"It's wonderful to see someone light up when they recognize a song, or to see someone who has difficulty talking mouth the words to what we're playing," said Calkins. "Music can help take a person's mind off of their pain and it can remind them of more joyful times. It benefits lives."

For more information on SingSpiration, call UPMC Passavant at (412) 267-6700 or visit passavant.upmc.com. For information on the music therapy program at Children's Hospital, call (412) 692-5325 or visit www.chp.edu, and for information on Vincentian Regency's program, call (412) 366-8540 or visit www.vcs.org.

Significance of spirituality in patient care should not be underestimated

By Gerard Magill, Ph.D.

Spirituality in Health Care

Our patients can become overburdened by their suffering, unfortunately more than we might expect. And in the face of overwhelming suffering we can find ourselves at a frustrating loss in health care – our reliance on sophisticated technology and interventions can appear to be so ineffective. Yet these circumstances can remind us of the spiritual dimension of patient care.

Increasingly, the significance of spirituality in health care is being recognized by patients, families and health professionals alike.

There are so many stories of patients suffering that call for renewed attention to the spiritual realm in health care delivery. And, of course, suffering is not always accompanied by pain.

There is the 95-year-old lonely patient in a long-term care facility who explains how he deeply misses his wife who died recently and is really disappointed that his daughter has not visited for so long, yet adds that he hopes his daughter (who turns out to be 75 years of age) does not get worse from her Alzheimer's disease. There is the terminal cancer patient whose excruciating pain increasingly seems impervious to palliative medicine. There is the teenage adolescent whose life-sustaining treatment after the motorcycle accident now appears futile, and the clinicians need to explain to her parents that nothing more can be done. And there is the single parent hoping against high odds that his newborn baby survives in neonatal intensive care after his wife died in childbirth.

In such sad stories that surface in the daily practice of health care we can seek solace through myriad forms of spirituality that flourish within our diverse cultures.

In addition to these personal and wrenching patient tragedies, there are so many routine experiences in which spirituality can enrich and nourish the field of health care – inspiring clinicians, encouraging administrators, uplifting support staff and enriching the health care organization.

So, what is this thing called spirituality that can have such a meaningful role in health care today? Without doubt, spirituality can readily be associated with religious faith in caring for souls – the spiritual belief that accompanies many throughout life providing an oasis of hope in the midst of tragedy or a shelter of quietness from the clamor and pressure of daily routine. And in this realm, chaplains provide much appreciated support for those facing disease, debility and death.

However, spirituality can be deeper and broader than the reach of particular religious faith denominations and traditions. After all, there are many who are skeptical of religious commitment, whose spirits still yearn for support and solace, whether to deal with life-challenging suffering or to navigate the isolation or mind-numbing routine of daily life.

For so many in health care, spirituality can provide a call to deep personal meaning where emptiness prevails, an invitation to love and wholeness when lives are shattered, a commitment to justice and respect for the disenfranchised, or a resolve for peacefulness in response to violence and abuse – and so many other counter-balancing insights to address the daunting challenges that diminish humanity in today's global environment of health.

The contribution of spirituality in health care is to remind us of an unseen but very real component of our lives: the spirit in each of us that inspires love, the spirit in our communities that fosters justice, the spirit in our nations and cultures that seeks peace. And when that love, justice or peace envelops the dying patient or suffering family or exasperated professional, the inner spirit helps us to better accept who we are and what we can be – perhaps frail, yet wonderfully holy and beautifully holistic human beings.

Magill is the Vernon F. Gallagher Chair at Duquesne University's Center for Healthcare Ethics. The center offers certificate programs for those who serve on health care ethics committees, as well as graduate-level interdisciplinary programs combining courses in law, theology, philosophy and other liberal arts disciplines with clinical experiences under the supervision of a medical ethicist. For more information, visit www.duq.edu/healthcare-ethics.

Spiritual care providers help patients face their own mortality

By David Wierzchowski, M.Div.

Spirituality in Health Care

Throughout humanity's existence, the two greatest and most sacred episodes in life are birth and death.

Where we come from and where we are going hold much more mystery and emotion than any other event in life. Spiritual care, especially at the end of life, attempts to make the process less mysterious and more sacred. Chaplains, or spiritual care providers, work with patients and their loved ones in reaffirming beliefs that may, or may not, coincide with their religious practices.

Both processes, birth and death, are made sacred by the person's sacrifice. The person makes the event holy themselves, with the chaplain's assistance, by embracing his existence, failures, accomplishments and illness and giving meaning to the event.

When a child is born, there is great anticipation and hope with the expectation of pain and discomfort. But the mother and those around her know the pain is part of the process to bring about the new life. So, too, in death does the patient anticipate some type of new existence and endures the pain in hope that it will lead to something good.

Hospices often mark these sacred events and "celebrate" them with families of the patients served through memorial services. Family Hospice and Palliative Care holds memorial services throughout the year to offer hope to those family members and friends whose loved one has passed from this life. Each service uses readings and prayers from the three major religions (Judaism, Christianity and Islam) to offer peace and comfort. The next service is April 25 at Beth El Congregation, in Mt. Lebanon. Services are also held in the spring at the Center for Compassionate Care and in the fall at St. Paul Cathedral. The dates will be forthcoming.

Family Hospice and Palliative Care also provides other opportunities to educate professionals and non-professionals about spiritual care. This fall, we hosted an education experience titled "Compassion Sabbath," which included a keynote speaker, the Rev. Dr. Thomas Long of the Candler School of Theology in Atlanta. He offered a dramatic reading about the dying process through the eyes of patient and family. This was well received by those in attendance and of great benefit.

More events are being planned for 2010. One of the first will be a pastoral care conference titled "Spiritual Care at the End of Life: Beyond Bedside Prayers." This event, scheduled for Feb. 18 at Family Hospice's Center for Compassionate Care in Mt. Lebanon, offers CEU credits to nurses and social workers who wish to learn how to identify and address the spiritual care needs of patients with life-limiting illnesses.

While the educational events are vital to hospice spiritual care, they are, of course, just part of what we do. Each day, our spiritual care specialists seek to help patients make the most of life. A recent article in the Journal of Palliative Medicine reported the strong desire of patients with serious illness and end-of-life concerns to have spirituality included in their care. Oftentimes, it's just what the doctor ordered.

Wierzchowski is the spiritual care specialist at Family Hospice and Palliative Care. Family Hospice and Palliative Care serves 11 counties in Western Pennsylvania. Its Web site is www.familyhospice.com.

Spiritual advisors provide messages of faith – one patient at a time

By Vanessa Orr

When a person is sick or dying, he or she will often reach out to others to find love and support. Sometimes this can be found through family members or friends; other times, it is sought through a person's church or religious organization. Whether it is hope that one is seeking, or answers about what comes after, a spiritual advisor can be of great comfort.

Submitted photo

Catherine Peternel, Canonsburg General Hospital director of pastoral care.

"One of the things that sets us apart from other caregivers in a hospice setting is that we don't come in with an agenda," explained Leonard Sponaugle, M.Div., a spiritual care specialist at Family Hospice and Palliative Care. "Nurses come in and ask about the condition of a person's body; social workers talk about funeral arrangements; the medical director interviews the person to ensure that they meet hospice certification standards—but we let patients set their own agendas. The fact that we don't have an agenda is helpful because they can talk to us about whatever they want to talk about."

According to the Rev. Catherine Peternel, director of pastoral care at Canonsburg General Hospital, having a spiritual advisor by one's side can help with a person's outlook. "I think it really does make a difference in helping the patient to relax; they feel more comfortable, more hopeful," she said. "We sit with them, pray and offer words of encouragement." Canonsburg's Pastoral Care Department recently celebrated the 25th anniversary of its volunteer program.

"Many people also have the misconception that God is angry with them; that they have done something wrong to be stricken with this illness, or they are angry at God because he caused it," she added. "We assure them that God is not out to hurt, destroy or punish them. Knowing that often calms people down when they are going thru a crisis in their lives."

A spiritual advisor can also help patients reconnect with their faiths. "Since we are a representation of the Divine or Almighty God, we bring that tangible 'something' that connects a person to their spirituality," said Sponaugle.

Spiritual advisors also help patients undergo whatever religious rituals are important to them. "These can be incredibly powerful and meaningful," said Sponaugle. "For example, we had one patient who was nonresponsive and was close to dying. The family was gathered around her bed and I invited them all to join me in reciting the Lord's Prayer.

Submitted photo

Leonard Sponaugle, Family Hospice spiritual care specialist.

"What surprised us all is that the patient joined in," he continued. "I believe that these were the last words that she spoke. It really bolstered the family's spirits. They believed it was a holy moment and that God was 'breaking in' to provide comfort, solace and hope for a reunion in the future."

No matter what a person's beliefs, spiritual advisors at both Canonsburg General Hospital and Family Hospice and Palliative Care allow patients to define their own spirituality. "Most of our volunteers are laypeople; only one is a pastor," said Peternel. "We have a really good group of people in a cross-section of denominations. It thrills my heart that volunteers here work with everyone. In this way, we all learn about the largeness of the family of God."

"I recently saw a patient who was proudly non-religious," added Sponaugle. "We talked; I mostly listened, and the conversation turned to spiritual matters. I said, 'What happens next for you?' and he said that he appreciated that I'd asked such an open-ended question. It gave him space to explore what he believed was beyond the physical in a very nonthreatening way."

In addition to providing care for the dying and their families, spiritual care specialists at Family Hospice and Palliative Care officiate at funerals and memorial services and hold community services of remembrance. Pastoral care providers at Canonsburg also minister to staff members, and Peternel runs a grief and loss support group. "It's very draining to do, but it's a tremendous blessing," she said. "I feel honored that these people let me into their lives."

"Faith helps you deal with the troubles in life," she continued. "Without it, where do you go? We encourage people to know that God does care for them and sees their tears. We give them hope that He will help them. Faith makes a great difference in how people cope."

For more information on Family Hospice and Palliative Care, call (412) 572-8800 or visit www.familyhospice.com. For more information on Canonsburg General Hospital's Pastoral Care Program, call (724) 745-6100 or visit www.wpahs.org/cgh.

For optimal end-of-life care, spirituality complements pain control

Spirituality in Health Care

By Vanessa Everette

Religious issues and spirituality are as much a part of the nation's best hospice programs as are adequate pain control and home care visits.

Many think of end-of-life health care as a somewhat disconcerting departure from medicine's traditional "fix-it" mentality. But when a curative approach is no longer the best option, palliative and hospice care take patients to a different place, both physically and spiritually.

At VITAS Innovative Hospice Care of Greater Pittsburgh, "a good death" is not an oxymoron; it is the ultimate goal that we strive to meet for our almost 200 patients every day. Our interdisciplinary teams of physicians, social workers, chaplains, nurses, hospice aides, volunteers and bereavement specialists are as alert to a patient's spiritual needs as they are to decubitus and nausea.

A common misconception is that hospice is about death. In fact, hospice is about life – some of the most important moments in life. In the book "20 Common Problems in End-of-Life Care" (Barry M. Kinzbrunner, Neal J. Weinreb, Joel S. Policzer; 2002; McGraw-Hill), the end of life is embraced as an opportunity for growth by:

- Moving patients and families through fear to peace
- Moving patients and families through despair to hope
- Moving patients and families from isolation to community
- Moving patients and families from loss to closure

Any one of these can improve a hospice patient's quality of life immeasurably. For that reason, every VITAS hospice team includes a social worker and chaplain with extensive training and experience in spiritual awareness, end-of-life issues and bereavement. Often they are the only spiritual advisors a patient sees, but they also can work with the patient's physician and religious advisor to ensure a holistic prescription for quality of life.

> "The level of intimacy achieved when we address the spiritual concerns of any patient opens the door to a vulnerability that can be rich with meaning."
> *- Keith Black, chaplain with VITAS*

Not every patient is open to spiritual care at the end of life, however. "Spirituality is an individual concept," notes VITAS Chaplain Keith Black, "so we take great pains at VITAS to respect and honor everyone's wishes. What is interesting, however, is that sometimes it is the patients who say they don't need spiritual support to help them through the dying process who actually need it the most."

Lance Gilbert, another chaplain with VITAS in Greater Pittsburgh, agrees. "There certainly is no formal religious aspect to our team members' visits unless the patient and family specifically ask for it. But our training helps us gain acceptance from the patient and family, meet them where they are spiritually, hear their concerns and offer non-judgmental support."

When spiritual care is declined, VITAS hospice team members work together to find non-threatening, non-intrusive ways to include support and companionship in the patient's care plan. The chaplain might accompany the admitting nurse at the initial patient assessment, or the social worker is introduced by the nurse as a member of the team who occasionally accompanies her on her rounds.

Whatever the method, the results are always worth the effort. "The level of intimacy achieved when we address the spiritual concerns of any patient," says Black, "opens the door to a vulnerability that can be rich with meaning."

Spiritual support is so important in end-of-life care that it is legally mandated. "Psychosocial/spiritual support is a basic component of the Medicare Hospice Benefit," notes VITAS General Manager Alyson Pardo, RN. "Here's a case of the government doing the right thing, because the last days of life don't need to be painful or lonely or confusing. With spiritual support, the last days of life can be an opportunity for growth, remembrance and closure."

Everette is manager of bereavement services at VITAS Innovative Hospice Care of Greater Pittsburgh. For more information about VITAS and/or spiritual care in hospice care, call (800)93VITAS, or (412) 799-2101.

Rehabilitation patients see benefit from care of physiatrists

By Vanessa Orr

When a person suffers from a stroke, spinal cord injury, amputation or joint replacement, he needs to undergo rehabilitation in order to retain and restore as much function as possible. A physiatrist—a physician who specializes in the field of rehabilitation—can help make this transition easier for the patient and, in turn, help the person return to as normal a life as possible.

"Physiatry is the kind of field where unless you have an injury or a loved one has required a physiatrist's help, you've probably never heard of it," explained Thomas Franz, M.D., medical director, HealthSouth Harmarville Rehabilitation Hospital and president, Choice Care Physicians. "It's a specialty that's most useful in times of need, but the least known."

While physical means of healing have always been practiced, physiatry did not become recognized as a separate medical specialty until 1947, according to the Association of Academic Physiatrists. The organization defines a physiatrist as a person who "creatively employs physical agents as well as other medical therapeutics to help in the healing and rehabilitation of a patient. Treatment involves the whole person and addresses the physical, emotional and social needs that must be satisfied to successfully restore the patient's quality of life to its maximum potential."

Interest in the field of physiatry has grown since World War II, when returning veterans began requiring rehabilitation. "Harmarville was one of the first dedicated rehab hospitals in the country, and has basically been run by physiatrists since 1954," said Franz.

Vincentian Rehabilitation Services recently added physiatry services at each of Vincentian Collaborative System's (VCS) four nursing homes, as well as at its outpatient center in the North Hills.

"Not all nursing homes offer physiatrist-guided therapy, " explained Kris Evans, vice president and administrator of Vincentian Rehab. "The physiatrists' expertise adds a unique element to our already high-quality inpatient and outpatient rehabilitation programs."

The Benefits of Physiatry

There are a number of ways in which physiatry benefits patients, according to Evans.

"A patient may be showing increased weakness in therapy or increased confusion, and a physiatrist will look at that person's medications and see if something may be interacting or if those medications need to be changed," she explained. "If a resident has had surgery and is having problems with his or her therapy, a physiatrist can call that patient's surgeon or orthopedist for a peer-to-peer consultation."

"We often work in a team setting, and it is our job to bring the medical aspect to that team, especially when treating patients who may have multiple medical issues," added Mary Ann Miknevich, M.D., medical director for Vincentian Rehab. "We're sometimes considered the 'quarterback' of the team because we direct what happens next.

"For example, if a patient isn't progressing well, he or she might have a medical issue that requires a different brace or a different medication," she continued. "Our goal is to help patients maximize their level of function for whatever their condition is."

Submitted photo

Dr. Thomas Franz, HealthSouth Harmarville Rehab Hospital medical director.

Miknevich, along with physiatrists Julia Wilcox, M.D., and Ellen Mustovic, M.D., visit Vincentian's four nursing homes once a week to visit patients, review medical charts, assess patients' needs, and makes recommendations on how to improve or modify treatment. "Some patients need more individualized attention, and physiatrists also often identify patients who are having difficulty," said Evans. "Having a physiatrist on staff enhances the quality of therapy, and can improve its effectiveness.

"Staff can go to them for suggestions on the best way to get a patient better more quickly," she added. "Physiatrists provide education to nurses on the floor regarding different therapy skills and needs, and they are also very helpful in explaining medical issues to families."

One example of a patient who benefited from physiatry is an 87-year-old woman at one of Vincentian's nursing homes who displayed increased tone and contractures in both her right leg and right arm. As a result of Mustovic's intervention, she was prescribed a medication used to decrease the tone in the her arm and leg, which allowed her to obtain the maximum benefit from her rehabilitation program.

Submitted photo

Dr. Mary Ann Miknevich, medical director of Vincentian Rehab.

"One of the advantages of working with a physiatrist is that while other specialists may know about individual conditions, for example, a neurosurgeon knows about what a brain injury requires, he or she may not know about all of the different conditions a person has that may require rehab," said Franz.

"For example, there is now a whole science that has grown up around the use of artificial limbs, and how to help patients get the most out of their their prostheses," he added. "Physiatrists focus on the aspect of restoring function against a broad range of conditions."

Since its inception, the field of physiatry has undergone many changes. "The first big change is in the technology that is now available to restore function; computer-based devices can enable patients with severe speech difficulties to communicate, and computer-aided devices can help quadriplegics or paraplegics better their function in their environments," said Franz.

"We've also learned much more about how the body responds to exercise, and what causes a person to walk or move abnormally," he added. "Our understanding of injuries, impairment and the abnormal use of muscles is much greater now."

For more information on physiatry, call HealthSouth Harmarville Rehabilitation Hospital at (877) 937-7342 or visit www.healthsouthharmarville.com, or call Vincentian Rehabilitation Services at (412) 369-5150 or visit www.vcs.org.

Former Lahey Clinic executive now oversees West Penn Allegheny Health System's physician organization

By Daniel Casciato

As part of its effort to restructure and strengthen western Pennsylvania's second largest and only physician-led healthcare provider, the West Penn Allegheny Health System is embarking upon an ambitious endeavor to completely overhaul and integrate its three physician practice groups: the Allegheny Medical Practice Network, West Penn Specialty Network and the Allegheny Specialty Practice Network. To help accomplish this goal, the system hired Sanford Kurtz M.D. as executive vice president, chief medical officer and president of its newly established physician organization.

Submitted photo

Dr. Sanford Kurtz, president, West Penn Allegheny Health System's new physician organization.

"I feel that coming to West Penn Allegheny Health System is an exciting opportunity to create with the physicians and the hospitals an integrated physician multi-specialty group practice model within an academic institution committed to research and education," says Kurtz, who has been with West Penn since mid-October.

Kurtz is a nationally recognized health care executive who served as chief operating officer and executive vice president of the Lahey Clinic in Burlington, Mass., since 2000. He was also vice chairman of Lahey's Board of Governors, a body of physicians that serves as the organization's executive leadership, and a member of its Board of Trustees.

At Lahey, Kurtz helped develop and manage one of the nation's preeminent physician-led, non-profit health care institutions which earned international recognition for the quality of its clinical programs, the integration of its physician group practices, and its multi-disciplinary, patient centric approach to medicine.

"I believe that practicing in an integrated fashion with the hospitals is an opportunity for physicians to provide the highest quality and safest care to patients in the most efficient and effective manner possible," he says. "It will also position the physicians and institutions for the changes health care reform will bring over the next several years."

At West Penn, Kurtz is responsible for designing and building the administrative and governance structures for the physician organization, which includes the system's more than 700 physicians who are part of the group, as well as to provide a supportive environment for the independent physicians who enjoy practicing within the system.

"We want the hospitals and physicians to align around common goals to improve the quality and safety of care and to take the social responsibility to be a steward of the resources that we're given in order to provide healthcare to the citizens of Western Pennsylvania," he says.

Kurtz received his medical degree from the six-year medical program at the Boston University School of Medicine and completed post-graduate training with an internship at Boston City Hospital and a residency at New England Deaconess Hospital in Boston.

One of the reasons that he chose medicine as a career was because his father was a country doctor in Connecticut.

"I grew up in a farm town with less than 2,000 people," says Kurtz. "For many years, he was the only physician in the community and I would have to help him in the office from time to time and be available for phone calls and emergencies. I always admired the work that he did and saw how grateful the families were. So I think I had a predilection to being a physician."

Kurtz has held important positions on a number of national scientific and professional organizations throughout his career. He's a past chair of the American Medical Group Association, the Advisory Committee to the Trustees on Group Practice of the American Medical Association and the Steering Committee for the Group Practice Improvement Network. He has also been a member of the executive medical and administrative staff at Lahey Clinic since 1982, serving as chair of the Department of Laboratory Medicine, medical operating officer and chief operating officer.

When asked about his proudest professional accomplishment, Kurtz cites his work in quality improvement and safety.

"In the safety arena, we have advanced in health care the theory and principles of the High Reliability Organization which has been used in the nuclear power industry and by the military in places like aircraft carriers, where safety failures cannot occur because of the devastating consequences," he says. "Focusing on improving the safety of the patient's experience as well as the quality of their care is the business of the group practice. Health care is a very complex process. It takes many different people working as a team to take care of a sick patient."

> "When you work to improve the process of care, you quickly learn that it takes a lot of team based expertise to be successful."
>
> *- Dr. Sanford Kurtz of West Penn Allegheny Health System*

He says that if you follow the course of a patient from his admission to the hospital to his discharge, you will find on average approximately 120 people participating in that patient's care, including physicians, nurses, support personnel, dieticians, physical therapists and others.

"When you work to improve the process of care, you quickly learn that it takes a lot of team based expertise to be successful," he says. "The focus always begins and ends with making sure the patient physician partnership is successful."

Looking ahead, Kurtz notes five key trends that will be affecting health care as we head into a new decade.

"One of the trends is that we are starting to see a separation between physicians practicing exclusively in the ambulatory setting and physicians practicing exclusively in the hospital," he says. "You have a new specialty, hospitalists, who are responsible for taking care of hospitalized patients. In some places, there are surgical specialists who are staying in the hospital to cover the emergency rooms and emergency surgery and taking care of surgical patients."

Patients who are in the hospital today are much sicker and more complex, he adds. "That and the short length of stay for patients require the expertise and skills of people who work full time in this setting. In addition, the economics of many practices make it more efficient for the physician to stay in the office or ambulatory center and not travel back and forth to the hospital."

Information technology is another trend that will be increasingly important in the next few years.

"Information technology, including electronic medical records, is very expensive and can be technically challenging for staff to manage and use appropriately," he says. "The government and administrative complexities of health care, however, are necessitating the use of this technology. Because independent physicians are finding it very difficult to afford the technology and have the resources to implement it, more are deciding to join groups and systems."

The third trend he sees is consumerism.

"As a result of the Internet and its availability to everyone, patients are becoming much more engaged in their health care, and more educated about treatment options, cost and quality," he says. "Consumerism is becoming a powerful force in health care."

This will intensify as patients are asked to assume a greater financial burden for their health care.

He adds, "Another important trend is the role of government. The government is concerned about the cost of Medicare and Medicaid because of the huge deficit from the large financial collapse and government spending associated with it. In addition the debate is now shifting more towards outcomes, service and quality. The government is beginning to shift the basis of reimbursement from transactions to measuring results."

The final trend is that it's becoming more difficult for community hospitals to take care of very sick people.

"They are having difficulty in maintaining a broad enough range of specialists with expertise to be able to manage the care of sick patients effectively and are challenged to have enough capital to purchase sophisticated equipment," he says, adding, "and even if they have the equipment they may not have the expertise."

Despite the many challenges that lie ahead for the health care industry, Kurtz says he's looking forward to serving the patients and physicians of West Penn Allegheny Health System.

"I plan to spend the rest of my career at West Penn Allegheny and working with independent physicians and the physicians who are part of the group practice to improve the health of patients in Western PA," he says. "This is a tremendous opportunity to build a physician organization from the ground up, creating an ideal clinical practice environment that is attractive to physicians and fosters a spirit of collaboration in the pursuit of clinical care excellence, education and research throughout the organization."

Physician liaisons play integral role in health care systems

By Amanda Dabbs

In today's competitive and changing health care market, building and maintaining physician relationships can be a vital lifeline for a health care system. The individual often facilitating these relationships is a physician liaison, who serves as a primary communication link between a health care system's physicians and referring physicians outside of the system.

"Physician liaisons have an essential role in promoting physician to physician relationships. It's very clear that physicians who know one another through face-to-face contact are more likely to develop collegial relationships," says Carol Fox, interim chief medical officer at Excela Health, a not-for-profit health care system located in Westmoreland, Fayette and Indiana counties with 4,800 employees and 800 physicians and allied health professionals in 35 specialties.

In order to achieve efficient practices, physician liaisons also act as the bridge connecting doctors and hospital administration staff. "It is our responsibility to make sure these relationships stay intact," says Christopher Kohler, physician liaison at Excela Health.

Submitted photo

John Conte, physician liaison for Ohio Valley General Hospital's Institute for Pain Diagnostics and Care.

In addition to building strong partnerships among health care professionals, physician liaisons must stay abreast of their hospital's services, doctors and specialty programs to keep both internal and external physicians up to date on all of the resources available to their patients.

"I am very aware of how busy physicians and their staff are so I am really respectful of their time," says John Conte, physician liaison for The Institute for Pain Diagnostics and Care, which is part of Ohio Valley General Hospital, a 117-bed not-for-profit hospital located in Kennedy Township with nearly 300 physicians in 36 medical specialties. "I only provide them with pertinent information, such as how our services can help their patients," adds Conte.

According to Fox, physician liaisons also need to understand the challenges that doctors and other hospital staff face and be able to "think outside the box" in order to offer solutions to problems that present a barrier to physician practice within the health system.

"We need to know the system well enough to solve problems across a wide range of services and provide solutions that are mutually beneficial to both the physician and patient," explains Phyllis Mrosco, physician liaison at Excela Health. "If we are seen as the 'go to' people, everyone will win," adds Mrosco.

Doctors call on physician liaisons for a variety of reasons, from helping to get a patient into the hospital to making a personal connection with a potential or current referring physician.

"I follow-up with physicians on a consistent basis to ensure things keep running smoothly between the practices," says Conte.

In addition to knowing how and when to follow up with doctors and their staff, physician liaisons also need to have strong communication, listening, multi-tasking and "real-time" decision making skills.

"It is imperative that we interact and communicate issues with all levels of management in order to develop a course of action that meets the health system's current objectives as well as its long term plans set by the strategy department," says Kohler.

Overall, the key responsibilities of physician liaisons are to:

• Provide the latest information in person on new physicians, procedures, technology and clinical trials;

• Serve as a personal contact for physicians to address questions, concerns or feedback;

• Make referrals to specialists in the health system;

• Facilitate physician to physician meetings;

• Provide the hospital's communications department with updated physician biographical information for news releases, brochures, websites, etc.;

• Distribute brochures and patient education materials on specific services to potential referrers;

• Ensure that the leadership staff have a strong understanding of current physician attitudes and perceptions about the health system;

• Help to break down barriers — either real or perceived — between physicians and hospital administration; and

• Ask questions and provide hospital administration with recommendations and solutions on various physician- and patient-related issues.

Submitted photo

Pictured left to right: Phyllis Mrosco and Christopher Kohler, physician liaisons for Excela Health.

In regards to health care reform, Fox explains that the work of physician liaisons and their role in building strong alliances between doctors and hospitals will be more crucial than ever as hospitals face the likelihood of bundled payments for services.

"Hospitals and other health care providers need to be aligned so that both are able to accomplish their respective tasks as efficiently as possible in order to provide the best care at the lowest cost. Doing so allows reinvestment in capital, new technologies and other resources to continue with the highest quality and safest care," says Fox.

Chatham University

Education Update

Chatham University's nursing programs have received accreditation from the Commission on Collegiate Nursing Education (CCNE). Chatham's "RN-to-BSN" and master of science in nursing (MSN) received continued accreditation through December 2019, and the doctor of nursing practice (DNP), established in 2007, received initial accreditation through December 2012.

Chatham's "RN-to-BSN" is designed for practicing and licensed registered nurses and is offered online through Chatham's College for Continuing and Professional Studies. The University maintains articulation agreements with several diploma and associate degree nursing programs to assist registered nurses throughout the region in obtaining their bachelor's degrees.

The master's program prepares nurses with specialties in nursing education and leadership/management, with Chatham also offering tracks in these fields. Beginning in Fall 2010, the MSN will be offered as an online degree program.

The doctorate program is an online low-residency program that prepares nurses to practice as leaders in the promotion and use of evidence-based practice in health care delivery systems.

Celtic Healthcare balances high-quality care, cost effectiveness

By Tonya Miller, P.T., D.P.T. COS-C

With all of the dialog and debates on health care reform today, the home care industry needs to look at both the big picture of collaboration across all settings as well as how we can improve the health care we are providing to patients in the home.

The Center for Medicare and Medicaid Services' (CMS) vision is to provide "the right care for every patient every time." We need to improve our processes, use evidence-based practices and engage our patients to find success on this new path of care management. The problem with this is balancing high-quality, goal-oriented interdisciplinary care with cost effectiveness. It is a challenge all home health care agencies face. In 2009, Celtic met this challenge by utilizing our Case Management Model.

Celtic Healthcare's Case Management Program was established to improve the overall goal-oriented care provided to our patients. By having PI/DM (performance improvement and disease management specialist) oversight and guidelines established based on OASIS data, we are able to guide clinicians in goal-oriented visits and provide high quality care in addition to controlling costs associated with unnecessary visits. Additionally, IDT (interdisciplinary team) meetings help to improve care coordination and follow up of educational points by all disciplines. Finally, Celtic provides supervisors with tools to manage clinician capacity for new referrals and case management compliance to ensure primary clinical care and improved outcomes.

Celtic's Case Management Model utilizes tools to provide the most cost- effective care with the best outcomes:

• PI/DM oversight — This goes well beyond the normal oversight of chart audits and OASIS checks- this oversight monitors care coordination, goal setting and utilization to provide the most effective evidence based care

• HHRG worksheet — This tool guides care provision based on OASIS data and helps the clinician and PI team plan for number of visits and goal setting and treatment interventions of all team members

• Dashboard — This is the one-stop shopping for our supervisors which allows them to quickly determine capacity for additional patients and staff adherence to established guidelines, and to monitor success in reaching goals such as wage cost per visit. This at-a-glance instrument is used for managing the team with drill down capabilities at the executive, team and provider level

• IDT — This final tool is one of the most important tools we use. It is essential to have formalized care coordination where goals and intervention can be established and clinician expectations can be clearly defined. The components of an IDT include technology, teleconferencing, computerization of meeting notes and schedules. The phases of an IDT include preparation — patient selections and scheduling by supervisors, clinicians and PI/DM team; the meeting phase; and follow up by clinicians and monitoring of staff adherence to program by supervisors and PI/DM.

All of these tools combine to produce quality care that is cost effective. This is Celtic's Case Management Model.

Without staff adherence to the program, this Model will not be effective. In addition to the dashboard, Celtic has established a process for staff adherence to the components of the Case Management Model. We have provided our supervisors with the tools to manage this model and ensure adherence.

Our tools consist of the following:

• Provider report cards — These reports are provided for each staff member on a weekly basis. They can be used to help guide care, determine areas of needed improvement and assist in providing rewards and recognition

• Case management policies — Our policies and procedures are on our home page so that staff and supervisors can reference them on a daily basis. We use these tools to establish clear expectations for staff

• Record review — These are conducted to determine the extent to which agency staff complies with accepted professional standards and principles, federal and state regulations and accreditation standards. These reviews will be completed by representatives of appropriate health care disciplines

• Occurrence reporting data and analysis — The Incident/Occurrence Report Form is to be completed whenever there is an incident/occurrence involving an employee, volunteer, patient/caregiver, and or a visitor to a Celtic facility or if a patient/caregiver/physician/facility complaint is received

• Educational tracking — We track CEUs for continuing education.

Celtic Healthcare recognized the need to provide quality, cost-effective care. Our Case Management required investment in staffing and education to ensure evidence-based care was being provided. Additionally we committed to the technology required to provide our management team with the tracking tools they needed to monitor staff adherence. We dedicate our time and resources in staff education in case management methodology and evidence based care.

These initial investments are proving worthwhile as we continue to see efficient and effective care with improved outcomes. The real reward has been our improved patient and staff satisfaction.

Miller is the director of Rehab Education and Program Development and the Central Pennsylvania regional director at Celtic Healthcare. She can be contacted at millert@celtichealthcare.com.

Conemaugh Health System employees participate in innovation program

By Sarah Patti

Conemaugh Health System (CHS) employees recently participated in a fun and engaging program to encourage innovation.

The "Thinking Tree" program was developed to encourage department members to use their creativity and to have fun together designing and constructing a tree to display employees' innovative ideas. Innovation is one of Conemaugh Health System's values and is essential to achieving the organization's strategic goals. The "Thinking Tree" program is a unique means of engaging employees to think out of the box.

> The 'Thinking Tree' program was developed to encourage department members to use their creativity.

The program received a tremendous response from employees. More than 70 trees were created. Some departments made trees to match the department's function -- one resembled a heart valve and one was made from a model human spine. Some resembled real trees.

The many ideas on the trees illustrated the potential for great changes to occur with the input of every employee. Ideas included process improvements, cost saving plans and ways to better the health system overall. The trees now remain within the departments as a visual reminder of the role that each and every employee plays in creating positive changes for the health system.

On Nov. 3, CHS employees participated in "Innovation Day" to celebrate all the great changes occurring throughout the system. The highlight of the event was a display of all trees so that employees could see the hard work of their peers and read the ideas that departments are working on now.

As another means of promoting innovation, Conemaugh will launch the highly-anticipated "Creative Connection," an online program for employees to submit new ideas.

Patti is a compensation analyst at CHS' Memorial Medical Center. She can be reached at (814) 534-3437.

Submitted photo

Conemaugh Health System dietary employess won the system's "Thinking Tree" innnovation contest. Back, pictured left to right, are Jill Thomas, Vannette Aukerman, and Edie Durant. Front, left to right, are Bernie Leech, Nichole Dorchak and Paul Miller.

Heartland Hospice provides heartwarming meals for clients

For the past four years, the Pittsburgh and Irwin Heartland Hospice staff have joined together to identify a need among hospice patients throughout seven counties in the Pittsburgh area.

As the holidays approached, they found many patients and families were unable to plan and prepare a special meal due to costs or the burden of caregiving. Others had no plan but to spend the day alone. In fact, staff discovered that the need for companionship was sometimes greater than the need for food. So, in keeping with the spirit of the season, hospice decided to offer something special to brighten the holiday for those in need.

Submitted photo

Cindy Grindel, Heartland Hospice bereavement coordinator.

With donations from the medical directors of Heartland Hospice and a grant from the Heartland Hospice Memorial Fund, hospice partners with a local restaurant to prepare holiday dinners for more than 100 patients and their families each Christmas. The meals – which usually include turkey, vegetables, mashed potatoes, rolls and pie -- are picked up and delivered by hospice staff and volunteers.

> His Christmas dinner would have consisted of a pack of crackers with jelly; he cried when he saw the wonderful meal that had been brought to his door.

Last year, a volunteer delivered a hot meal to an elderly gentleman who had lost his wife a few months earlier. He was still overwhelmed with grief. His Christmas dinner would have consisted of a pack of crackers with jelly; he cried when he saw the wonderful meal that had been brought to his door.

Another hospice patient lived with her husband of 60 years. She was suffering from Alzheimer's disease and her care needs were more than her husband should have been handling alone. He insisted on providing the bulk of care himself. Because of the demands of care giving, the couple's meals often consisted of sandwiches or something from the microwave. He was incredibly touched by the gift of a full holiday meal and couldn't believe that someone would take the time to sit and visit with him during the busy week prior to Christmas.

Volunteers and staff also express their gratitude for the opportunity to get involved in this way.

"We get as much from this as the patients do," said Cindy Grindel, bereavement coordinator.

The patients, their families, their homes are all very different, but the stories are all remarkable. Their struggles and grief are often evident, but for a moment, the kindness of strangers bearing a delicious meal and fellowship can warm hearts and ease sadness during a difficult time.

Year in Review

Concordia Lutheran Ministries

As the landscape of senior care evolved in 2009, Concordia Lutheran Ministries (CLM) continued to develop and expand:

The most notable highlight from 2009 came in October, when the organization acquired Covenant at South Hills, a continuing care retirement community in Mt. Lebanon. The facility, now called Concordia of the South Hills, consists of 126 one- and two-bedroom independent living apartments, 48 assisted living apartments, 12 memory support apartments, and 46 skilled nursing beds. CLM's board of directors approved the purchase of the facility to further enhance Concordia's mission and future, enlarging CLM's footprint in the senior care community of western Pennsylvania.

In April, Concordia Visiting Nurses (CVN) and Meadville Medical Center jointly announced a partnership between Meadville Medical Center's Visiting Nurses Association of Crawford County (VNA) and Alliance Visiting Nurses, an organization owned and operated by Concordia Visiting Nurses in Cabot, Wesbury United Methodist Retirement Community in Meadville and St. Paul Homes in Greenville. Services provided by the new organization include a full continuum of professional homecare services.

CLM earned a prestigious designation in January, becoming one of just a few CARF-CCAC accredited Aging Services Networks (ASN) in the world. (An accredited ASN is defined as two or more entities that have formal agreements and cooperate with each other.) One surveyor told CLM President & CEO Keith Frndak that Concordia was the broadest and most sophisticated system they had ever surveyed.

As a faith-based nonprofit organization, giving back to the community remained a fundamental initiative in 2009. Providence Pharmacy, the in-house pharmacy of CLM, generated $527,000 for local and foreign missions – including projects in the greater Pittsburgh area and in Africa. CLM's Good Samaritan Endowment Fund provided more than $2 million in charity care to those with limited resources.

For more information on CLM's services, facilities, news and more, visit www.concordialm.org.

Kane Regional Centers

The four Allegheny County-run John Kane Regional Centers had a year of expansions, renovations and recognition for outstanding care in 2009.

Kane Glen Hazel

Kane Glen Hazel is undergoing significant renovations, with part of the original building torn down to make room for construction of a new independent living center set to open next summer.

The project, funded through a CCAP Grant, began in February. The independent living center will include 12 units with room for 16 residents.

Kane Glen Hazel's staff also was among the finalists for the prestigious Fine Award for Teamwork Excellence in Health Care. Kane Glen Hazel's submission, "Hand Washing Initiative," addressed an infection control issue that is even more relevant today as facilities nationwide deal with preventative issues pertaining to H1N1 and other viruses.

Submitted photo

Members of Kane Glen Hazel's staff were finalists for the Fine Award for Excellence in Health Care.

Family Hospice experiences year of triumph and challenges

By Rafael J. Sciullo, M.A., L.C.S.W., M.S.

Looking ahead is always fun, exciting and promising. Looking back, on the other hand, allows us time to reflect, assess and evaluate. As another calendar year draws to a close, the time is right to take a look at some of 2009's hospice success stories.

At Family Hospice and Palliative Care, one of our proudest achievements came with the successful conclusion of a $4 million Capital Campaign, which allowed us to transform a former dormitory into The Center for Compassionate Care in Pittsburgh.

The state-of-the-art site offers a 12-bed inpatient facility, with private rooms, an education auditorium, caregiver training room, library, meditation room, family room, overnight room for out-of-town family members, café and picturesque outdoor courtyard. The Center also serves as Family Hospice's administrative headquarters and affords us the ability to provide top-quality care to the 11 counties we serve in Western Pennsylvania.

We also celebrate 2009 in the form of three original, patient-based programs designed to serve the unique medical and social needs of our patients:

"Operation Respect: A Program for Veterans and Their Families," launched on Memorial Day. The program serves western Pennsylvania's large veteran population, which is among the highest in the United States. Operation Respect ensures that clinical staff is knowledgeable in the unique needs of vets and their families, to the point of entitlement assistance through the Veterans Administration and the camaraderie of vets trained as volunteers to companion with their fellow service men and women.

"Pathways: A Specialized Heart Failure Program" is meant to proactively address the symptoms and discomfort often experienced by cardiac failure patients. Family Hospice staff is specially trained in the clinical, emotional and spiritual concerns of these patients and their families. The program also features caregiver education that prepares individuals and their loved ones for what to expect during home care; educational materials specific to heart failure; and regular visits from the interdisciplinary team.

"Pathways: A Specialized Dementia Program," like the heart failure program, is designed to cater to the needs of dementia patients and their caregivers. A dementia patient's experience can often be frustrating for individuals and families alike. This initiative equips caregivers with the tools they need to understand and cope with the effects of their loved one's condition, while training them to care for themselves, as well.

Technological advances were a highlight for 2009. Family Hospice and Palliative Care and the University of Pittsburgh School of Nursing are conducting a two-year study, funded by the National Institutes of Health. The study makes a video conferencing device called "Telehospice" available to patients and caregivers at no cost, and allows patient families to virtually speak face-to-face with nurses. Known as the "lifeline at night," Telehospice improves after-hours communication by making conversations more personal – and more accurate. By actually being able to see the patient, nurses can rely on visual information when advising the caregiver, and more effectively advise the caregiver on the appropriate course of action.

This past year was not without its challenges — the biggest of which came in the form of the health care reform debate. While Congress continues to amend and debate the legislation, hospice providers must remain diligent in educating the public about end-of-life care planning. Having conversations with your doctor about such plans spawned the term "death panels," simply because the legislation gave Medicare beneficiaries the opportunity to plan end-of-life care before it was too late. This emphasizes the need for continued public awareness.

A lot of giant steps were taken in 2009, but that only means the ceiling is higher in 2010.

Among the highlights for next year will be our 30th anniversary, celebrating three decades of quality, compassionate care to thousands in western Pennsylvania.

We always strive to improve our services, our care, and our communication. As we look to the future, it truly is exciting to imagine all of the possibilities that lie ahead.

Sciullo is president and CEO of Family Hospice and Palliative Care and past chairperson of the National Hospice and Palliative Care Organization. He can be reached at rsciullo@familyhospice.com or (412) 572-8800.

Kane Scott

The Kane Regional Center in Scott Township is completing its first full year of operations at its new Transitional Care Unit. The $2 million project created 30 new private rooms with private baths. A new therapy gymnasium also was part of the renovation that was completed late in 2008.

The project enabled the Kane staff to offer more services to Transitional Care patients, resulting in a more comfortable experience for residents facing a difficult situation.

Kane McKeesport

At Kane McKeesport, what had been old and underused was transformed into modern, practical spaces. The new Residents Lounge was embraced by the Kane McKeesport staff and residents. The lounge, which officially opened in November, includes a media room, computer room, library and small resident-operated commissary. The lounge areas have four 52-inch, flat screen televisions, a Nintendo Wii game system, a billiard table and a video library. The reading room includes a fireplace and a vintage mantel taken from a community home.

Kane Ross

Plans to expand the Kane Ross campus received the go-ahead in the spring.

Kane Ross will be the site of a major building project that will develop part of the center as a senior living complex. The project moved closer to reality when a rezoning request was approved by Ross Township commissioners in April. A master plan and a Phase I site plan proposed by North Hills Housing also received approval from the commissioners.

Phase I includes a single building containing 60 independent-living apartments. Construction of the first phase is estimated at $13 million and is projected to last 12 to 14 months.

Jameson Health System

Jameson's past year included many highlights:

• Douglas Danko became president/CEO of Jameson Health System on Jan.1, 2009. Danko, who has been with Jameson since 1975, received his Bachelor of Science degree in Respiratory Therapy from Indiana University of Pennsylvania and his master's degree in Hospital and Healthcare Administration from the University of Minnesota; he received his Pennsylvania Long-Term Care/Nursing Home Administrator license in 2003.

• Thomas White retired on Dec. 31, 2008, after 36 years of service. He served as president/CEO of Jameson Memorial Hospital from 1973 and as president/CEO of Jameson Health System from 1978 until his retirement.

Submitted photo

Jameson's new hyperbolic oxygen therapy program debuted at its Center for Wound Healing. Dr. William Gilleland, right, is the director.

• The 17th Annual Jameson Golf Classic was held on July 20 at the New Castle Country Club. A key fundraiser of the Jameson Health Care Foundation, this year's event benefitted women's health. The proceeds will allow Jameson to offer new radiology technology, with the purchase of two new digital mammography units and three ultrasound units for breast cancer detection. In its first 16 years, the Jameson Golf Classic has raised approximately $1.3 million for the CAC and other services such as cancer care, women's health/maternity, rehabilitation and cardiac care.

• Jameson Health System brought state-of-the-art hyperbaric oxygen therapy (HBOT) to Lawrence County on Feb. 2 with the opening of the Jameson Hospital Center for Wound Healing at ts South Campus in New Castle. Jameson is one of only a few hospitals in the state to offer this non-invasive treatment that enhances the body's natural ability to heal itself by the inhalation of 100 percent oxygen at greater than atmospheric pressure. William Gilleland, M.D. ,serves as the medical director for the new center

• The Jameson Hospital Laboratory was awarded an accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists (CAP) based on the results of recent on-site inspections. Jameson Hospital laboratories include the North Campus and South Campus labs and Jameson Diagnostics.

• Jameson was awarded a three-year term of accreditation for all three CT scanners as a result of a recent survey by the American College of Radiology (ACR).

• Jameson announced the installation of a new digital mammography system that could help shorten exams for women and provide physicians with vital diagnostic information. The MAMMOMAT® Novation captures breast images with a special x-ray detector that converts images into a digital picture that can be displayed immediately on the system's computer monitor.

• Jameson's information management was recognized as a 3M case study in the July 2009 issue of "3M Navigator" for transitioning to electronic medical records, improving access to patient information for care providers, improving compliance with HIPAA regulations and legal record requirements, and replacing costly paper-based processes

• Jameson received the 2009 VHA Pennsylvania APEX (Achieving Patient Care Excellence) Award for eliminating Symptomatic Catheter-Associated Hospital-Acquired Urinary Tract Infections for several periods from April 2008 through June 2009

• Jameson's risk management team earned Best Practice Awards for its Maternity Care Center's code for rapid simultaneous activation of the OB team during emergency obstetrical situations, its transportation safety form to communicate information to staff when patients are transferred to departments or outside of hospital, its use of the Root Cause Analysis process for potentially serious events, and its credentialing process used to establish criteria when physicians request to perform a new procedure or treatment.

• Jameson Health System announced the successful completion of its first surgery using the next-generation SILS procedure. The cholecystectomy, or gallbladder removal, was the first of its kind to be completed at Jameson Hospital. One of the major advantages of the SILS procedure is that it utilizes only one access point, through the patient's umbilicus, ultimately resulting in the potential for no visible scar, unlike traditional laparoscopic cholecystectomies.

West Penn Allegheny Health System

West Penn Allegheny Health System (WPAHS) reported its year-end financial results for the fiscal year 2009, demonstrating markedly improved performance year-over-year.

WPAHS posted a net loss of $25.2 million in fiscal year 2009, a $32.6 million improvement over the prior year. The System's FY2009 excess margin was a loss of 1.5 percent, a 60 percent improvement year-over-year. In addition, WPAHS' operating loss of $38.5 million is also a significant improvement over the fiscal year 2008 loss of $88.8 million. Fiscal year 2009 operating margin was a loss of 2.4 percent, compared to a 5.9 percent loss in the year-ago period.

WPAHS also improved its cash position by $39.5 million in FY2009, an improvement of 11 percent year-over year. The System's total revenues were $1.6 billion, up nearly 7 percent year-over-year. In addition to improving year-over-year, the System made operating progress during each quarter in fiscal year 2009. WPAHS' 2009 fiscal year ended June 30, 2009.

"We are pleased to be moving forward at a steady pace, especially considering the economic challenges that have confronted the entire industry over the past year," said Christopher T. Olivia, M.D., president and CEO, West Penn Allegheny Health System. "The entire West Penn Allegheny team is resolved to keep improving our financial strength so that we continue to provide the highest quality care to the Pittsburgh market. We are committed to our plan for the future, as we know that a unique physician-led, patient-focused health care system is vital to this region's well being."

WPAHS made many strides in recruiting top doctors to its physician-led organization, while also further improving and integrating its operations in FY2009. For example, the System filled a number of key leadership roles with recognized physician leaders, including: Sanford R. Kurtz, M.D., executive vice president, chief medical officer and president, WPAHS Physician Organization; Michael A. DeVita, M.D., executive vice president, Medical Affairs; and Donald W. Moorman, M.D., system chair, Department of Surgery.

WPAHS also continues to recruit quality physicians in all clinical areas. While physician attrition is a normal part of any health care system, last year, WPAHS was able to recruit more than twice the number of physicians than left the System. It also appointed seasoned health care leaders to serve as CEOs at the Western Pennsylvania-Forbes Regional Campus in Monroeville and the Alle-Kiski Medical Center in Natrona Heights.

WPAHS is moving forward in integrating its operations to enable higher quality care. The System is consolidating its services in the City of Pittsburgh — Allegheny General Hospital will serve as the System's principal tertiary hospital, while the Western Pennsylvania Hospital will continue to provide inpatient and outpatient services to the people who depend upon it for care. The System will support expansion at Allegheny General Hospital and free more beds for high demand, complex services. WPAHS already has begun transitioning its city-based inpatient obstetrical services to West Penn Hospital and its inpatient psychiatry program to the West Penn-Forbes Regional Campus and the Alle-Kiski Medical Center.

"We still have much work to do," said CEO Olivia. "However, our results show that we are headed in the right direction. I'm very proud of our integrated team of nurses, physicians and support professionals who worked so hard over the past year to create such impressive results."

The Grateful Workplace:

Six ways to create a culture of gratitude in your organization

by Liz Jazwiec

Here's a question just in time for the new year: Does your organization encourage a culture of gratitude? Not in an obligatory, "Gee, I really appreciate my coworkers and the feeling is mutual!" way? Chances are the answer is no. According to a recent Gallup poll, 65 percent of people say they don't feel appreciated at work. And, that feeling can lead to pervasive negativity, low morale, and (worst of all) decreased productivity.

It doesn't have to be this way. Organizations can deliberately infuse their cultures, from top to bottom, with the proverbial "attitude of gratitude." Workplace gratitude is often passed from the boss to the employee. To have a real impact on workplace positivity, employees should show it to one another and to their bosses. And leaders and employees should show it to their customers.

It's obvious when you are in a workplace where people value gratitude and graciousness. There is a really great vibe in those places. And when gratitude and graciousness are missing, it is equally evident. People in those environments seem to have a sense of entitlement. Coworkers who come into contact with them might say, "There is just no pleasing those people!" Customers might say, "They just don't care about me!" Neither reaction is good for business.

The great thing about infusing gratitude into the workplace is that it can come from anyone, regardless of position. If you are a leader, you can infuse gratitude from the top down, perhaps by making it a required standard of behavior for employees. And if you are an employee, you can start your own grassroots gratitude movement by expressing gratitude yourself and encouraging your coworkers to do so as well. Everyone—and I mean everyone—can show gratitude in a workplace and influence others to do so.

If you want to make this the season of gratitude at your organization, read on for a few tips on how to hardwire workplace gratitude from the ground up.

• Say thanks. When someone does something kind for you, whether it's your boss, your coworker, or a stranger, recognize it! A simple "thanks" will do. You can't expect people to appreciate you if you don't receive their kindnesses and compliments with thankfulness. Sure, you might be skeptical if your boss goes to a leadership conference, and upon his return starts handing out compliments left and right. But just stop and think. Are those compliments making people happy? When you are recognized, does it give you even just the tiniest little twinge of happiness?

If so, then you'd better meet the gratitude your boss is showing with a little gratitude in return. Otherwise he will start thinking that his recognition doesn't really mean anything to anyone, and his exercise in gratitude will be short-lived. And leaders, give your employees a chance to jump on the gratitude bandwagon. It may take a couple of compliments from you before they realize what this new positivity movement is all about. You may get a few skeptical looks after the first few compliments, but eventually they will warm up to the idea and be thankful—there's that word again—that you are making the effort.

• Adopt an "it's the thought that counts" attitude. Consider this scenario: A new VP at a hospital wants to do something special for her hard-working, overworked staff. It's decided that pizza will be provided for the entire hospital staff, rolling out over a Sunday, Monday, and Tuesday to ensure that every person on every shift can take a pizza break. The pizza plan goes into effect and the VP, who arranged everything, walks around the departments, expecting to be welcomed with open arms by an appreciative staff. Instead she finds that many of the teams taking care of patients are upset because they can't leave their patients to go down to the cafeteria where the pizzas are located. Meanwhile (they complain), the business office and IT staffs are able to go to the cafeteria as they please.

In the interest of full disclosure, I must admit that I was that VP. And I was devastated. I had tried so hard to get it right. Now, I did learn from that experience. I knew that the next time I should have the pizzas delivered directly to the units. But had I been someone with a different personality, I might have just decided never to order pizzas, or do anything else special ever again. My point is that sometimes you have to take into account the intentions of your boss or your coworkers. If it is clear that they meant for something to be a way of thanking you or helping you, don't complain about how they missed the mark. Thank them for thinking of you and move on!

• Communicate openly and honestly. If it's gratitude you need, tell someone! Often your leaders or coworkers can be so tied up in their own tasks that they forget about those working around them. The natural reaction when this happens is to either hold in your negative feelings or complain to another coworker. But a more proactive stance might be to opt for open and honest communication.

Now, I am not suggesting you go around asking people to thank you for what you are doing. That would be pretty obnoxious. But what you might do is ask your boss or coworkers if you are giving them everything they need from you. And you might also start showing them some appreciation. Gratitude is a two-way street. If you start making other people feel appreciated, nine times out of ten they will not be able to hold in their appreciation for you. You don't have to wait for one of your leaders from on high to implement a gratitude initiative. It will be just as effective if it starts with you!

And leaders, if you feel your lack of gratitude is justified because your staff isn't living up to their potential, communicate what's missing. If this is the case, it's likely that you are all stuck in a negativity cycle. You are unhappy with them. They sense that and become unhappy with you. Their unhappiness leads them to give less than 100 percent on the job...and you become even less happy with them. Get the picture?! If you aren't getting what you need from them, let them know. And when they start delivering, thank them for their efforts.

Be prepared for some kind words. If you are unaccustomed to getting compliments, it may take some time for you to feel comfortable receiving them. Just practice and be prepared for some kind words! When I first started speaking, I had no idea what to say to people when they told me they liked my presentation. I had to rehearse being gracious and grateful. Can you imagine if someone came up to me and said, "I just loved your speech!" and I responded with, "Whatever?" Yikes and double yikes! It seems so funny we should have to practice saying "thank you," but many of us just don't know how to process gratitude. So start practicing!

It is just as important for leaders to practice this skill. It isn't easy for many employees to approach their bosses—even when it is with a compliment—so make sure you give them the attention they deserve. Truly listen to them. Take a second, no matter what you are doing, to engage with them. And afterwards shoot them a quick email or send them a note thanking them for their kind words.

• Thank those you serve. Once you have mastered the gratitude thing with your bosses and your coworkers, you need to move on to the people you serve. When I first told my staff that we ought to be thanking our patients, one of them replied, "What are we supposed to say? Thank you for breaking your leg?" Obviously not! I suggested they say, "Thank you for putting your trust in us today."

You can do it with a simple, "Thank you for giving us your business." Or you can thank them by providing other special incentives or coupons. It doesn't really matter how you do it, just make sure they know you are grateful that they are choosing to do business with you over your competition.

• Know that gratitude encourages repeat performances. Leaders, remember the behavior you recognize will be repeated. If you think an employee handled a disgruntled customer well or showed great proficiency in managing a group project, let her know about it and she'll work hard to do the same, or even better, next time. And employees, if you acknowledge your boss's efforts to show gratitude, she will keep doing it. Thank her for going to bat for you and your coworkers over a new piece of equipment you need or a pay raise dispute, and she'll be more likely to do it again in the future.

I think it's important to recognize the fact that no one has any obligation to show gratitude to anyone else. You don't have to thank your boss, your boss doesn't have to thank you, and neither of you have to thank your customers. But what I think you will all quickly find is that if you do take the time to say "thanks" your whole organization will improve. You'll like each other more. You'll want to go the extra mile for one another. And your customers will be happier.

I know from experience that the best places to work are places where teams are grateful for what is given to them and aren't afraid to express sincere appreciation whenever it is merited. The best places to work are those where individuals, regardless of their position, accept compliments and praise with grace and don't second-guess the intention. Even in these tough times, most of us have a lot to be grateful for every day. It's important to recognize that. When you seek to expand both team and individual gratitude and graciousness, your work environment will be even healthier. You will see negativity slip away, and I can almost guarantee it: You'll see your efforts reflected in the bottom line and most importantly happier employees and patients.

Jazwiec is a Studer Group National Speaker. For more information on Jazwiec and her book, "Eat That Cookie!," please visit www.studergroup.com/EatThatCookie. Reprinted by permission of the Studer Group, www.studergroup.com.

Electronic health records: New road leading to bridge to nowhere?

By Lorraine Fernandes, R.H.I.A.

Bravo. The government finally has its health care IT priorities straight. Unfortunately, it won't be able to achieve them.

As a health care IT specialist, I have worked around the world helping other countries achieve what the U.S. is trying to achieve. It is thrilling to see so much activity and financial support from the U.S. government going toward broader health care IT initiatives.

The Department of Health and Human Services (HHS) has issued a draft definition of the "meaningful use" of electronic health records. Organizations that meet this definition and treat Medicare and Medicaid patients are eligible to receive health IT stimulus funds for those projects.

The priorities outlined in this document are spot-on:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

Setting priorities and achieving them, however, are two distinct challenges. Perhaps the biggest hurdle is the technology – or, the lack of understanding of the impact of the technology.

Much ado has been made over Electronic Health Records (EHRs) and the role they will play in achieving President Obama's objectives of lowering cost and improving delivery of health care. But there is a serious lack of understanding about the impact this technology will or, more to the point, won't have in achieving the stated priorities.

Simply computerizing health care records will not achieve the outlined priorities.

EHRs are certainly important. However, there is nothing in place to prevent the creation of multiple EHRs for a single individual, added by the many organizations serving that patient. The same problems that arise from lack of visibility into medical history, like drug allergies, will persist. Duplicate testing will continue. Money will still be wasted.

For America to get the kind of collaborative care we desperately need – where health providers deliver cost-effective, quality care – it will take more than simply creating EHRs.

Duplicate records must be matched, linked and resolved to create a single, accurate view of the health history of the individual. That "view" needs to be within reach of the treating health care professional. That single, accurate view must bridge across a continuum of care.

Unless we get EHR on the road to reform, EHRs are a new road on a bridge to nowhere.

Patient: Susan Davis Klein

Let's take the example of fictitious patient Susan Davis Klein. Susan Davis Klein is in a car accident. She is brought to the hospital unconscious. The hospital has no records for a Susan Davis Klein. Two nearby hospitals have potentially matching records – one for a Sue Davis, one for a Susan Klein. The woman's license shows an address that does not match either record.

There is a workplace ID card in her wallet, but none of the hospitals has the technology that would be able to connect the information on the ID card with the correct electronic record for the accident victim.

So, a third record is created, for Susan Davis Klein, populated with the address from Susan Davis Klein's driver's license.

Now we have multiple electronic records of one patient within the health care ecosystem. Not one of the records is completely correct, and in this scenario there is no technology in place to recognize the duplication, correct the error, or even correctly identify the patient.

Not only is Susan Davis Klein in danger because caregivers don't know her health history, which may include an allergy to medications, but thousands of dollars worth of duplicate tests are being performed because the multiple EHRs are not being linked. There is no way to know what tests she has already had and where those results are stored.

The example of Susan Davis Klein is a common scenario.

Taking a Look Around

How can health care providers enhance the accuracy of EHRs and, in turn, provide better care for citizens? How can we ensure that EHRs do not become a road on the bridge to nowhere?

Take a look around, and learn.

The technology necessary for achieving the priorities mapped out in the HHS Health IT Policy Committee document exists and is being used successfully today. The key is not necessarily the EHR, but the ability to connect a variety of health care organizations so that there is one, accurate EHR that facilitates patient-centric, coordinated healthcare.

There are several well-publicized examples of this. One example is CareSpark, a program in the Appalachian region that connects physicians, hospitals, public health departments, pharmacies, laboratories, and imaging centers so that each can communicate electronically. The system encompasses 17 counties in the area of Virginia and Tennessee; it includes about 750,000 residents, 21 hospitals, and 1,200 physicians.

If a patient within the CareSpark system is admitted to a hospital after a car accident — as Susan Davis Klein was — the hospital would quickly develop a complete, accurate record of the patient's medical history. If Susan David Klein were part of CareSpark, her information would be up to date: all her test results would be available, as well as allergy information, medication history, family medical history and much more.

One Patient, One Record

The key to achieving the priorities mentioned above is being able to identify the patient with certainty. If you can't do this within and across the health care ecosystem, you're dead in the water. If the entire population of the United States has multiple — potentially incomplete — electronic records you haven't accomplished anything.

Computerizing health care and having an EHR for each citizen is a great first step. But it must go hand-in-hand with a way to ensure that only one record exists for each citizen; it must be coupled with a way to ensure health care organizations that their records are accurate, up to date, and correct.

We must have a way to establish that single, accurate view. With that, the other pieces will begin to fall into place, and our road will begin to point in the right direction.

Fernandes is vice president and ambassador for Initiate Systems (www.initiatesystems.com), a leader in enabling healthcare organizations to strategically leverage and share critical data assets. She can be reached at lfernandes@initiate.com.

Computerizing health care and having an EHR for each citizen is a great first step. But it must go hand-in-hand with a way to ensure that only one record exists for each citizen. …

Health care marketing: Strategies to accomplish more with less

By Dan Galbraith

On everybody's radar today is dollars generated versus dollars spent. The question everybody is asking is how we can do more of the former with less of the latter. If there was one magic answer, everybody would be doing it. Well, there are answers, they're not magic, they may not be easy, but they work.

1. The single most important and most obvious way to do more with less is to make sure you have a marketing plan in place. Trying "this" today and "that" tomorrow will only work if message and your target audience happen to intersect by accident. Targeting a specific audience through a specific medium or media with a specific message with a specific plan to track results and a specific measurement of success is the key. Yes, it can be a lot of work, but it's the only way to determine what works and what doesn't. Not everything will be successful, but the only way to know is to target, to communicate and to track as best you can.

2. Consider patient sources. Marketing directly to patients helps, but going directly to referral sources is even better. I'm pretty sure patients aren't lining up like the day after Thanksgiving at the front desk of your facility to get the holiday treatment bargains. Nobody wants to go to the doctor or the hospital, but they go because they have to or are urged. Answer this question: "Who does the urging?" If you have the answer to this question, then you have the target you should be directing your messages toward.

3. Look at your farm system. As a slightly fanatical Steelers and Penguins fan, I can't help but consider what successful sports franchises are doing. Today's younger and healthier crowd will be tomorrow's parents and middle aged crowd and eventually grandparents and senior citizens. Different stages of life are target audiences, but also guaranteed to become the next target audience. Do you have a plan in place to carry your patients through the changes in their lives? Conversely, do you have a plan in place to bring the best up-and-coming talent to you organization as providers? Better talent will bring fans to your stadium. How are you attracting that future talent?

4. Better patient and family relations leads to word-of-mouth marketing, which is the least expensive but most powerful form of marketing. In a climate where many patients leave their provider feeling like "No. 31," provider/patient relationship is more critical than ever. I remember the day when Dr. Mike would ask my mom about my dad, her parents, and my brothers and sisters. I could tell that he really cared about my family. When I leave your office, am I going to feel like you are really concerned about Dan or am I going to feel like "No. 31" just did his small part to contribute to the success of your practice?

5. Look at the structure of your message and how it's being delivered. It's great that you just spent a pile of cash on the latest technology, but the harsh truth is that nobody cares. Patients cannot develop a relationship with a machine (although there are times when my wife thinks my laptop and I have something special going). Instead of bragging about your latest equipment, focus on its benefit to your patients. "You are a prime candidate for this problem. We are able to detect this problem earlier and stop it before it gets started." That sounds better doesn't it? Don't forget to throw in something to convince them that they can believe what you are telling them. Finally, convince them why their experience with you will be much better than their experience with the next facility that may be making the same claim.

6. Leverage the knowledge bases of your most trusted vendors. Your relationship with your vendors is just as important as your doctors' relationships with their clients. I am one of those vendors, but there are several out there like me. With years of experience under our belts, a good vendor can be a good consultant and a good insurance policy. The key is to leverage a vendor you know you can trust and can bring multiple solutions to the table The better your relationship with your vendor, the more your vendor will want to help.

7. Billboards are effective, but the way you are buying may be a way to do more with less. Billboards consist of two distinctly separate items. One is the rental of the board space itself and the second is the poster or vinyl. Many advertisers don't know that the two are separate. The companies that show up in your office own the board itself, but in most cases subcontract the visual to the same place as a vinyl broker would, but with a higher markup. Ask your billboard company to break out the vinyl printing from the contract.

8. Social Media Marketing or Web 2.0 is new to a lot of marketing departments. You hear about it, you understand a little, but you can't wrap your brain around it. Do not discount its effectiveness because you don't understand it. It can be fairly inexpensive or fairly elaborate. One thing is for sure; it's not going away. Effectively combining the reach of your Website, your blog, and social media sites such as Facebook, Twitter, and LinkedIn and a strategy to utilize the above is becoming increasingly effective. Throw in the power of relationship marketing direct mail and PURLs (Personal URLs), and you can create an information stream which can turn target marketing into bullseye marketing.

The bottom line is that effective marketing is an investment and not an expense. There are forms of marketing that will allow you to do more with less. Effective marketing is not to be confused with cheaper marketing. If your marketing strategy is effective and you can prove that with tracking, then there isn't any reason you wouldn't want to do more.

Galbraith is the owner of Solutionist, providing real-time marketing support to marketing professionals. He can be reached at Ideas@ Solutionist.biz or www.Solutionist.biz.

HONOR ROLL

Allegheny County Medical Society

The Allegheny County Medical Society Foundation will host "Pittsburgh Proud,"its annual community awards and fund raising gala, on Saturday, Jan. 30, at Heinz Field's East Club Lounge.

"Pittsburgh Proud" will be an evening that celebrates many reasons to be proud of the Pittsburgh region, including this year's ACMS award winners:

Robert B. Wolf will receive a special commendation for his leadership and ongoing council regarding the development and distribution of the Allegheny County Bar Association (ACBA)/Allegheny County Medical Society (ACMS) Uniform Living Will and Healthcare Power of Attorney form. Wolf was key in coordinating all of the personnel who were part of the ACBA/ACMS Living Will Task Force including physicians, nurses, religious groups and attorneys to create the first such form jointly endorsed by both legal and medical professional groups in Pennsylvania. The ACBA/ACMS Living Will form has been used as a model for new legislation in Pennsylvania regarding end-of-life issues. Wolf is a member of the law firm Tener, Van Kirk, Wolf & Moore.

• The United Mitochondrial Disease Foundation (UMDF) will be presented with the Benjamin Rush Organization Health Service Award, which honors a lay organization in appreciation of outstanding contributions to the health and welfare of the citizens of Allegheny County. The UMDF was founded in 1996 through a merger of several smaller foundations, established by those who lost loved ones to mitochondrial disease. Starting as a volunteer organization, the UMDF has grown into a nationally recognized, non-profit organization. Its mission is to promote research and education for the diagnosis, treatment and cure of mitochondrial disorders and to provide support to affected individuals and families. Since 1996, the Foundation has provided more than $5 million in grants to support the research that may lead to a less invasive diagnosis and ultimately a cure.

• Gerald M. Barron, M.P.H., will receive the Benjamin Rush Individual Public Health Award, presented to a lay individual who has made an outstanding contribution to the betterment, health and welfare of citizens in Allegheny County. Barron has had a significant impact on public health efforts and programs at regional, national and international levels. He is a faculty member at the University of Pittsburgh Graduate School of Public Health and is also the past deputy director of the Allegheny County Health Department. He is a member of the Public Health Leadership Society, American Public Health Association and Pennsylvania Public Health Association. Barron also has held several leadership positions including director of the Public Health Consults, University of Pittsburgh Public Health Practice, as well as director of the Pennsylvania Preparedness Leadership Institute, University of Pittsburgh Public Health Preparedness.

• Marc J. Schneiderman, M.D., will be presented the Nathaniel Bedford Primary Care Physician Award, honoring a primary care physician who has demonstrated long-term dedication to the physical and psychological needs of patients. Schneiderman is board certified in family practice medicine and is affiliated with Heritage Valley Health System.He has served as president of the Allegheny Chapter of the Pennsylvania Academy of Family Physicians for 23 years and has been active with the Pennsylvania Academy of Family Physicians serving as vice president in 1990, president-elect in 1991 and president in 1992. He also has served on the PMSCO Board of Directors since 1994. Schneiderman developed and hosts an informative cable television show, "The Doctor Is In," to address a variety of health issues and answer medical questions from viewers.

• Paul W. Dishart, M.D., will receive the the Frederick M. Jacob Outstanding Service Award for performing outstanding service to the ACMS. Dishart, board certified in family practice and affiliated with UPMC St. Margaret, joined the ACMS in 1970. During four decades, he has served and chaired numerous committees, was chair of the ACMS Foundation Board of Trustees and served on the executive committee and board of directors. While on the board, he served in many officer positions, including president and chair. Representing ACMS at the Pennsylvania Medical Society (PMS), Dishart served as both an alternate delegate and delegate; he has held the position of PMS 13th District Trustee since 2005 and is a member of th Primary Care Working Group.

• Michael A. Tranovich, M.D., will be honored with the Physician Volunteer Award, given to a physician who donates significant amounts of time and expertise towards the provision of medical care on a volunteer basis. Since 1997, Tranovich has been a volunteer for Auberle, the McKeesport-organization that cares for abused, neglected and troubled children throughout Southwestern Pennsylvania. He has served on the Pauline Auberle Foundation board since 2007, becoming vice-chair in 2008. His commitment to helping and encouraging children is evident in many ways, including inviting the children of Auberle to tour his medical practice and meet with office staff to discuss careers in healthcare, treating children to a Pittsburgh Pirate game, volunteering to help raise funds in addition to his own monetary contributions, and more. Tranovich is affiliated UPMC McKeesport.

• Radheshyam Agrawal, M.D., will receive the Ralph C. Wilde Award, presented to a physician who exemplifies the personal and professional characteristics of the late ACMS president Dr. Ralph Wilde, as a physician, teacher, leader, and human being. Agrawal is board certified in internal medicine and gastroenterology and is a member of numerous professional and scientific societies including the American Gastroenterological Association, American College of Gastroenterology, American College of Physicians, Pennsylvania Society of Internal Medicine, Pennsylvania Medical Society and the American Medical Association. He has been serving on the Pennsylvania State Board of Medicine since 2005 and is currently serving as chairman of its medical education and personnel and finance committees. His enthusiasm and desire to help developing GI fellows and medical students in their education and research is extraordinary. Agrawal has served as associate professor of medicine, Drexel University College of Medicine, Allegheny Chapter, since 1995 and as clinical professor of medicine, Lake Erie College of Osteopathic Medicine, since 2002. He also served as co-director of the GI Fellowship Program, Division of Gastroenterology, Allegheny General Hospital from 1980-1990 and has been the director of the program since 1990.

At a special VIP reception, the Society will introduce and honor John Delaney Jr., M,D,, incoming ACMS president. An open reception will follow featuring entertainment, food, a silent auction and the awards ceremony.

Tickets to attend the gala are $145 per person. Gala sponsorships are also available.

All proceeds will directly benefit the ACMS Foundation Medical Student and Community College of Allegheny County Health Care Scholarship funds. For more information about the gala or to make a reservation, call the medical society office at (412) 321-5030. or visit www.acmsgala.com.

Altoona Regional Health System

Zane Gates, M.D., has been named an honoree of the 2009 WebMD Heath Heroes awards. The awards, presented by WebMD Health Corp, recognize Americans with extraordinary stories of personal courage and perseverance, who lead efforts to help others achieve better health.

The Altoona Regional Health System physician returned to his hometown of Altoona after medical school to create a traveling service to provide healthcare to his county's working poor. WebMD is honoring Gates for his healthcare work, which is also the inspiration behind a Pennsylvania State Senate bill to fund similar clinics throughout the state. He also being recognized for a foundation he created to help kids living in two local housing projects, one where he grew up, with after-school programs. Additionally, he designed a low-cost, hospital-only insurance plan for residents in his county.

Other honorees this year include actress Scarlett Johansson and Stan Curtis of the "Blessings in a Backpack" program; Los Angeles physican Mark Hyman, creator of "Comedy for a Cure," and Miami's Sabrina Cohen, founder of the Sabrina Cohen Foundation for Stem Cell Research.

American Red Cross, Greater Alleghenies Region

The American Red Cross' Greater Alleghenies Region, which serves hospitals, patients and donors in a 100-county area in Kentucky, Maryland, Ohio, Pennsylvania, Virginia and West Virginia, recently announced its 2009 Employee Excellence Awards. Four area employees, including three from Johnstown and one from Bedford County, were nominated by their peers to receive the award:

- Robert Clawson, manufacturing training specialist, of Johnstown
- John Luszik, problem investigator associate, of Johnstown
- Karen Yarnick, telerecruitment administrative assistant, of Johnstown,
- Molly Harrison, supervisor of the Immunohematology Reference Laboratory, of Schellsburg, Bedford County.

Clawson also has been nominated for second-level award consideration within the five-region Heritage Division in the Professional-Technical Category

Each awardee received at least three nominations from co-workers to be considered for the Employee Excellence Award. The Employee Excellence Award committee then reviewed the nominations for sufficient support

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Honor Roll From **Page 35**

that the nominees demonstrate excellence in their daily work in pursuit of Red Cross Blood Services' Six Strategic Priorities: sustained quality and compliance, customer focus, increased blood collections, reduced costs, focus on our people and reinforcing the Red Cross brand.

Excella Health

Excela Health's special care nursery has earned the Gold Star from Unison Health Plan. The designation recognizes quality care provided to patients with Medicaid coverage. Unison's Gold Star program was designed to reward health care providers for a commitment to professional excellence according to selected quality and performance measures. Excela's Special Care Nursery, part of the Family Additions Maternity Center at Westmoreland Hospital, is one of 19 across the state of Pennsylvania to be so honored.

Unison's Hospital NICU Program specifically reviews services to newborns and the appropriateness of the discharge plan when the baby is medically and physiologically ready to go home.

Gateway Rehabilitation Center

Gateway Rehab, nationally recognized for its treatment for adults, youth and families with alcohol and other drug dependencies, recently won an Award of Excellence from the International Association of Business Communications (IABC)/Pittsburgh Chapter for an opinion editorial piece. The piece, titled "Sunday Forum: Raise the drinking age or at least don't lower it, as some college presidents would like us to consider," was authored by Gateway president and chief executive officer Kenneth S. Ramsey, Ph.D.

The Golden Triangle Awards program, sponsored by IABC/Pittsburgh, is an annual competition to recognize the excellence in communications management, skills and creativity in the western Pennsylvania region.

Hamot Health Foundation

For the sixth time, Hamot Medical Center, a 351-bed tertiary care facility located in Erie, has been identified by Thomson Reuters as one of America's 100 Top Hospitals for Cardiovascular Care. Only two other Pennsylvania hospitals have made the list six times and no other hospital has been recognized more.

The 100 Top Hospitals Cardiovascular award recognizes hospitals that have set national clinical and management benchmarks for full-service cardiovascular programs during a single year. Analysis is limited to the more than 1,000 hospitals that have open heart units, and performance is evaluated in four key cardiovascular treatment areas for Medicare patients: congestive heart failure, acute myocardial infarction (AMI) or heart attack, percutaneous coronary intervention (PCI) and coronary artery bypass graft (CABG). It uses public data sets and a balanced scorecard of eight tested performance measures in an attempt to identify hospitals that adhere to basic process of care standards, demonstrate good outcomes at a reasonable cost, are efficiently managed and meet or exceed minimum volume requirements for cardiovascular procedures. Study hospitals are divided into three separate classes: teaching hospitals with cardiovascular residency programs, teaching hospitals without cardiovascular residency programs and community hospitals.

Indiana Regional Medical Center

Indiana County's Indiana Regional Medical Center (IRMC) ranks No. 19 among the 100 Best Places to Work in Healthcare nationally, according to a recent study done by Modern Healthcare magazine.

Modern Healthcare partnered with Best Companies Group, a Pennsylvania-based firm that administers "best places to work" programs nationwide, to conduct this program recognizing outstanding employers in the health care industry on a national level. The program collected information from both the employer and employees of the 317 health care companies that participated in this year's listing. Employers completed a survey detailing company policy, practices, benefits and demographics. Employess were asked an in-depth set of questions that resulted in an analysis in eight core areas: leadership and planning, culture and communications, role satisfaction, working environment, relationship with supervisor, training and development, pay and benefits, and overall satisfaction.

Jameson Health System

The Pittsburgh office of VHA Inc., the national health care alliance, has recognized the Jameson Health System for demonstrating excellence in patient care with its Patient Care Excellence (APEX) award. The APEX award is designed to honor organizations that have differentiated themselves by demonstrating extraordinary levels of clinical performance. The recognition program is open to all members of the VHA Pennsylvania region, and hospitals are evaluated in several areas that include infection control, cardiac care and patient safety. Data for APEX Award criteria is reviewed by VHA Pennsylvania staff on a quarterly basis.

HONOR ROLL

VHA Inc. is a national network of not-for-profit health care organizations that serves more than 1,400 hospitals and more than 24,000 non-acute care providers nationwide.

Ohio Valley Hospital

Ohio Valley Hospital was the recipient of the American Cancer Society's Corporate Development Award, presented at the American Cancer Society's annual Volunteer Recognition Dinner.

The American Cancer Society's relationship with Ohio Valley Hospital dates back to 2005. During 2008-2009, the relationship flourished with the strongest efforts occurring in early detection and prevention of cancer, quality of life for cancer patients, worksite wellness, Relay For Life, and a workplace giving campaign.

UPMC

• Children's Hospital of Pittsburgh of UPMC is one of only eight pediatric hospitals in the nation named a 2009 Leapfrog Top Hospital, based on the results of The Leapfrog Hospital Survey, a national, public comparison of hospitals on key issues including mortality rates for certain common procedures, infection rates, safety practices and measures of efficiency. This is the second year in a row that Children's Hospital has received the honor.

Children's Hospital, a pioneer in the development and use of electronic health records, met a number of stringent criteria in order to be recognized for delivering the best quality care in the nation while attaining the highest level of efficiency. The Leapfrog Group surveyed 1,206 hospitals across the nation, naming eight children's, 34 urban, and three rural hospitals as 2009 Leapfrog Top Hospitals.

In order for pediatric hospitals to be named Top Hospitals, they must have a quality score of 95 or better in the Leapfrog Hospital Recognition Program. The program uses data from its annual survey to evaluate hospital performance in clinical focus areas, including CPOE, intensivist physician staffing, evidence-based hospital referrals, common acute conditions, hospital-acquired conditions, and safe practices

The Leapfrog Group was founded in November 2000 by the Business Roundtable and its survey is considered the gold standard for comparing hospitals' performance on the national standards of safety, quality, and efficiency that are most relevant to consumers and purchasers of care.

• Magee-Womens Hospital of UPMC has joined two other UPMC facilities in the elite ranks of hospitals recognized for their advanced use of a comprehensive electronic medical record (EMR) to enhance patient safety.

Magee-Womens Hospital, like UPMC Presbyterian and Children's Hospital of Pittsburgh of UPMC, is now a "Stage 6" hospital, according to HIMSS Analytics, a not-for-profit subsidiary of the Healthcare Information and Management Systems Society (HIMSS). HIMSS Analytics scores hospitals based on their progress in completing eight stages, from zero to seven, of a paperless patient record environment, and its studies have shown correlations between quality metrics and EMR adoption. Only 66 hospitals in the HIMSS database of more than 5,700 facilities are now at Stage 6, and only 26 are at Stage 7.

University of Pittsburgh School of Pharmacy

Four faculty members and one student at the University of Pittsburgh School of Pharmacy recently received research grants and awards.

Recipients were:

• Edward Krenzelok, Pharm.D., Dr. Gordon J. Vanscoy Chair of Pharmacy; director, Pittsburgh Poison Center and Drug Information Center at UPMC; and professor of pharmacy and pediatrics, University of Pittsburgh, received the American Academy of Clinical Toxicology Career Achievement Award. The award is presented to an academy member in recognition of a lifetime of exceptional dedication to and distinction in the field of clinical toxicology.

• Dexi Liu, Ph.D., professor, Department of Pharmaceutical Sciences, received a two-year $485,889 grant from the National Institutes of Health to assess the efficacy of a hydrodynamic procedure for liver gene delivery. The project is an extension of his work on the development of a computer-controlled gene delivery system for gene therapy.

• Amy Seybert, Pharm.D., associate professor, Department of Pharmacy and Therapeutics, received the 2009 American Society of Health-System Pharmacists Foundation Pharmacy Residency Excellence Preceptor Award. The award is presented to a pharmacy residency preceptor who has

excelled in the training of pharmacy residents.

• Michael Shullo, Pharm.D., assistant professor, Department of Pharmacy and Therapeutics, has been selected to serve on the International Society of Heart and Lung Transplantation task force on heart transplantation. In this role, he will help to develop guidelines for immunosuppression and rejection management in heart transplant recipients.

• Jocelyn Zhou, Ph.D. candidate, won the 2009 Astra-Zeneca Travel Award to present her research at the American Association of Pharmaceutical Scientists annual meeting in Los Angeles. Her work aims to determine the effect of therapeutic hypothermia on drug metabolism and response.

VA Butler Heathcare

Twelve Veterans Administration Butler Healthcare employees were recently recognized for their outstanding performance at the 2009 Federal Women of the Year Awards Luncheon, celebrating the accomplishments of individuals who have substantially contributed to women in federal service. The event is sponsored by the Pittsburgh Federal Executive Board (FEB) Federal Women's Program Committee.

Gold Award

Professional/Supervisory: Patricia Nealon, medical center director

Technical Trades and Crafts: Patricia Landgraf, housekeeping aid supervisor, Environmental Services

Silver Award

Professional/Supervisory: Carol Weitzel, R.N., clinical charge nurse, Patient Care Services

Technical Trades and Crafts: Tamra Brooks, medical laboratory technician, Primary Care; Terri Solkovy, medical records technician, Release of Information

Bronze Award

Professional/Supervisory: Teneal Caw, assistant human resources officer, Human Resources Department; Cherie Clamidori, assistant chief engineer, Facility Management

Professional/Non-supervisory: Brenda Sprouse, Women Veterans program manager; Tammy Summers, doctor of audiology, Primary Care

Staff Support: Sally Mills, human resource assistant, Human Resource Department; Janice Nulph, program support specialist, Primary Care; Denise Tilko, administrative officer, Facility Management.

HONOR ROLL

West Penn Allegheny Health System

• Alan Lantzy, M.D., of West Penn Allegheny Health System, was honored for his years of service to premature infants and their families, at the March of Dimes, West Penn Division's 15th annual Signature Chefs Auction. Lantzy, chair of the Department of Pediatrics at West Penn Hospital, was the Medical Honoree at the annual auction. He was recognized for his career in pediatrics and neonatology, particularly his dedication in the past 20 years to the care of premature babies and his concern about the long-term challenges to health and learning that many Neonatal Intensive Care Unit graduates face. He has taken a particular interest for the past 10 years in the long-term vision problems faced by some NICU graduates.

The March of Dimes focuses the nation's attention on the impact of premature births on babies and families, and on opportunities for prevention. Funds raised by Signature Chefs Auction support lifesaving research and programs that offer hope of preventing infant health threats.

• West Penn Allegheny Oncology Network recently was awarded the American Cancer Society's Corporate Partnership Award during the American Cancer Society's annual Volunteer Recognition Dinner.

West Penn Allegheny Oncology Network supports the American Cancer Society year-round with the sponsorship of ten Relay For Life events throughout the Pittsburgh area, the Society's annual Daffodil Days campaign, the Society's Washington County Dinner Dance and the Society's annual Cancer Survivors Conference for the Western Pennsylvania Region. It also serves as host to three "Look Good…Feel Better" patient support programs throughout the year and refers patients to the American Cancer Society's Reach To Recovery program. Additionally, the health care system participates in the Society's automatic patient referral program.

AGH cancer specialists join major NIH study to determine if less invasive lung surgery promotes disease-free survival

Researchers at Allegheny General Hospital are now investigating whether certain early-stage lung cancer patients are best treated by the standard surgical method of removing a large portion of the lung, or whether a less invasive surgery is just as effective in promoting disease-free survival.

Study co-chairman Robert Keenan, M.D., chief of the Division of Thoracic Surgery for West Penn Allegheny Health System and director of the Allegheny Center for Thoracic Surgery, said this important clinical trial could dramatically change how some early-stage lung cancer patients are treated.

"A lobectomy, in which 1/3 to 1/2 of the lung is removed, is now considered the standard of care for any size lung tumor," Keenan said. "Do we need to remove so much lung? The time is right to revisit this question in a randomized, prospective way."

> Patients undergoing lobectomies lose about 20 percent of their total lung function, compared with 5 to 10 percent for those undergoing the less invasive options.

The study is being conducted by Cancer and Leukemia Group B and involves 117 leading medical centers across the country, including AGH. Other AGH/West Penn Allegheny Health System doctors involved in the clinical trial include Mathew Van Deusen, M.D., Richard Maley, M.D., and Jason Lamb, M.D.

Keenan compared it to the 1970s clinical trials that established the efficacy of lumpectomy as an alternative to mastectomy in the treatment of many women with breast cancer. Studies by the now AGH-based National Adjuvant Breast and Bowel Project demonstrated that the less invasive removal of just the cancerous breast tumor (lumpectomy), combined with lymph node excision and radiation was as effective as the conventional mastectomy technique in which both breasts are removed.

The current trial compares a lobectomy to wedge resection or segmentectomy, in which only the tumor and a portion of the lobe is removed. The trial will measure disease-free survival of patients with small stage 1A lung cancers, tumors that do not appear to have spread.

Removal of a greater portion of the lung has health consequences for the patient both immediately and in the years following the surgery, Keenan said. Patients undergoing lobectomies lose about 20 percent of their total lung function, compared with 5 to 10 percent for those undergoing the less invasive options.

The best previous trial, by the Lung Cancer Study Group, found a significantly lower rate of regional cancer recurrence for patients who underwent lobectomies, but no significant difference overall in terms of disease-free survival. The investigators concluded lobectomies should remain the standard of care, but the study was criticized for its small sample size and inclusion of patients with tumors up to 3 centimeters in diameter.

The current trial focuses on tumors smaller than 2 centimeters in diameter; a size associated with a better survival rate compared with larger tumors. Retrospective studies have indicated this size tumor can be effectively treated with a lobectomy or limited resection (segmentectomy or wedge resection.)

Under Keenan's direction, the "Phase III Randomized trial of lobectomy versus sublobar resection for small (<2 cm) peripheral non-small cell lung cancer" trial has begun enrolling patients at AGH. Researchers nationwide seek to enroll 1,297 patients with April 2012 as a final data collection date. Subjects will be randomly assigned to a particular surgical approach once it has been confirmed in the operating room that the tumor is 2 centimeters or less and that it has not spread.

Disease-free survival will be the primary outcome measured; secondary outcome includes overall survival, rate of regional or systemic recurrence, and pulmonary function six months following the surgery.

Lung cancer is the leading cause of cancer deaths in the United States for both men and woman, with about 200,000 cases diagnosed each year. It takes the lives of more than 160,000 people each year; a figure that is greater than colon, prostate, lymph and breast cancer combined. About six out of 10 people with lung cancer die within a year of diagnosis. Most cases, about 8 to 9 out of 10, are non-small cell lung cancer.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Andrea Ebeling at wpahospitalnews@gmail.com

New endoscopy center opens at Heritage Valley Beaver

Heritage Valley Health System has opened a new Endoscopy Center, located on the second floor of the new building addition at the Heritage Valley Beaver campus.

The Heritage Valley Endoscopy Center offers patients innovative endoscopy procedures in a comfortable, modern facility staffed with a team of expert physicians, nurses and technicians. The endoscopy center provides the individualized attention of a specialized treatment facility along with the reassurance that emergency clinical experts are located in the same building. The center provides continuity of care with other services delivered at Heritage Valley Beaver, and all diagnostic tests and screenings are recorded in Heritage Valley's electronic medical record.

The new center provides a fully upgraded suite of equipment and patient care areas. The new fluoroscopy room with highly specialized equipment enables patients receiving endoscopy radiological fluoroscopy examination to remain within the center, rather than having to move to another area in the hospital.

The center treats patients in one of 14 private patient treatment bays for pre-procedure assessment and post-procedure recovery. Each bay contains advanced monitoring equipment, provider call systems and overhead televisions. Accommodations are provided in each bay for a family member or significant other to be with the patient prior to and after procedure.

The center has regular scheduled daily appointments with 24/7 emergency staff to meet all patient needs. An array of screening and diagnostic endoscopy services are available, including colonoscopy, esophagoscopy, fluoroscopy, and endoscopic retrograde cholangiopancreatography (ERCP).

Education Update

Lake Erie Consortium for Osteopathic Medical Training

The Lake Erie Consortium for Osteopathic Medical Training (LECOMT) has added Niagara Falls Memorial Medical Center to its network of affiliated teaching hospitals with accredited residency programs. In addition, LECOMT's family practice residency program has been accredited by the American Osteopathic Association and will begin interviewing physician applicants for admission to the three-year program in July 2010.

Niagara Falls Memorial will train resident physicians and also serve as a clinical training site for third- and fourth -year medical students from the Lake Erie College of Osteopathic Medicine (LECOM), which has campuses in Erie, Greensburg and Bradenton, Fla.

Besides treating patients at the medical center and the Hamilton B. Mizer Primary Care Center, family practice residents will utilize Memorial's mobile clinic to provide care to migrant workers at nearby farms and will see patients at the Niagara University Health Clinic and Tuscarora Indian Reservation Health Center.

University of Pittsburgh School of Health and Rehabilitation Sciences

The Accreditation Review Committee on Education for the Physician Assistant has granted provisional approval for the University of Pittsburgh School of Health and Rehabilitation Sciences (SHRS) to offer a master's program in physician assistant studies, with courses beginning in January 2010. The program, which will accept 48 students each spring term, will be eligible for full accreditation after its first class of students graduates in December 2011.

The two-year program will comprise one year of classroom instruction by practicing medical professionals and one year of clinical experience. Students will be required to perform 500 hours of patient care experience and will have opportunities to complete clinical rotations and internships at UPMC hospitals, physician practices and outpatient facilities.

Children's Hospital of Pittsburgh Foundation receives $1 million pledge from Giant Eagle supermarkets

Children's Hospital of Pittsburgh Foundation has received a commitment of $1 million to its "Possibilities Are Growing" Capital Campaign from the Giant Eagle Foundation.

In recognition of this gift, which helps supports the new Children's Hospital of Pittsburgh of UPMC that opened in May, the suite of libraries, lounges, family business center and family support specialists' offices located on the hospital's sixth floor will be named the Giant Eagle Foundation Family Support Center. The center is a component of the 20,000-square-foot Elsa M. and Alma E. Mueller Family Resource Center that also includes the Howard Hanna Healing Garden, the Eat'n Park Atrium and Austin's Playroom.

"Giant Eagle has a longstanding commitment to the health and well-being of the families of western Pennsylvania through its support of Children's Hospital. For many years, Giant Eagle Inc. has supported Children's Hospital's Free Care Fund, which ensures that all children from this region receive the medical care they need," said Christopher A. Gessner, Children's Hospital president. "We are grateful for the Giant Eagle Foundation's investment in our new campus so that amenities such as those incorporated in the Giant Eagle Foundation Family Support Center are possible."

One year ago, the Children's Hospital of Pittsburgh Foundation launched the public phase of its capital campaign to support the new hospital. In addition to costs related to construction of the new hospital, the $100 million campaign will support Children's Hospital's mission of patient care, teaching and research through expanding and creating clinical programs and services. To date, the Foundation has received commitments of nearly $65 million.

ONS Foundation granted funding for breast cancer quality initiative

The Breast Cancer Fund of National Philanthropic Trust (NPT) has awarded a $1.54 million grant that will be distributed to the Oncology Nursing Society (ONS) Foundation over three years for a project that will develop, test and evaluate quality-of-care measures for patient- and survivor-centered experiences of diverse populations of women with breast cancer.

The ONS Foundation has received funding in the past from NPT's Breast Cancer Fund, which laid the foundation for the current quality-of-care work.

"The ONS Foundation and the Oncology Nursing Society will be able to contribute significantly to the development of patient-centered quality-of-care measures for people with breast cancer through the funding of this cutting-edge initiative by the Breast Cancer Fund of National Philanthropic Trust," said Paula Rieger, R.N., M.S.N., AOCN, FAAN, chief executive officer of ONS.

The grant will allow ONS to play a lead role in collaborating with healthcare, nursing care and breast cancer quality care organizations by building on previous ONS initiatives and relationships.

The goals of the multi-year initiative are to develop a process for testing patient- and survivor-centered quality measures and to develop and disseminate education about the use of patient-centered breast cancer quality measures in ambulatory practices to improve safe and effective cancer care.

The work of the ONS Foundation and ONS in this area will contribute a unique perspective: the testing of patient-centered symptom assessment and management measures impacted by evidence-based nursing interventions, which will build upon the ONS Putting Evidence into Practice initiative.

The ONS Foundation has contracted with the Joint Commission's Division of Quality Measurement and Research to complete a component of this project. Quality measures focused on the care of patients undergoing active treatment for early-stage breast cancer will undergo reliability and validity testing in 30 to 50 pilot test sites across the country in 2010. Lessons learned during this process will be applied in 2011 to the development and testing of a set of measures focused on the care of patients in the first year of survivorship post-treatment.

Forensic Fridays seminars kick off at Duquesne

Forensic Fridays seminars kick off at Duquesne

The Wecht Institute of Forensic Science and Law at Duquesne University is kicking off Forensic Fridays, a new series of seminars that will cover forensics in relation to topics such as medical malpractice, accident reconstruction and sexual assault cases, among others.

A continuing legal education and professional education series, Forensic Fridays was developed to offer continuing education opportunities regularly and in shorter courses better suited to the busy schedules of professionals. The series is geared toward attorneys, judges, physicians, nurses, law enforcement officers and athletic trainers.

"The series really targets these and other professionals requiring a better understanding of either the scientific disciplines and methodologies upon which their work relies or the legal and public policy context in which that work plays out," said Ben Wecht, program administrator for the institute. "The benefits of attending these seminars include enhanced professional skills, increased personal knowledge and earning necessary continuing education credits."

THE SERIES SCHEDULE:

- "Alcohol and Drug Toxicity in Criminal Litigation," Friday, Jan. 15
- "Forensic Issues in Medical Malpractice Cases," Friday, Feb. 12
- "Football-Related Brain Injuries: Medical-Legal, Forensic Scientific and Societal Issues," Friday, March 12 and Saturday, March 13, times to be announced
- "Accident Reconstruction in Personal Injury Cases," Friday, April 9
- "Forensic Investigation of Sexual Assault Cases," Friday, May 14
- "Behavioral Science Evidence in Divorce and Custody Cases," Friday, June 4.

Unless noted, each presentation is held from 1 to 4:30 p.m. on campus.

Each seminar is worth three credit hours, except for the "Football-Related Brain Injuries" session, which is worth nine credit hours. Cost for all six seminars is $475, $75 for each individual seminar and $225 for the "Football-Related Brain Injuries" seminar. All the seminars are free to Duquesne students.

For more information, call the Wecht Institute at (412) 396-1330.

ProMutual Group

Education Update

Liability insurance provider ProMutual Group has added two continuing medical education (CME) activities to its CME website. The activities, "Prevention & Management of Medical Errors: A Risk Management Approach" and "Team Work & Patient Safety," have a duration of three hours each. The cost for each activity is $60 and physicians will be eligible for three credits upon completion. The jointly-sponsored activities are available on ProMutual's CME Web site, www.pmgcme.com or at the Physicians' Reciprocal Insurers (PRI) Web site.

DU chemistry professor lands prestigious foundation grant

Dr. Tomislav Pintauer, assistant professor of chemistry and biochemistry at Duquesne University, has received a National Science Foundation (NSF) grant of more than $550,000 to make certain chemical reactions "greener."

Pintauer has received a the grant from the National Science Foundation to further examine his method of reducing the amount of metal catalyst for certain reactions to an environmentally friendly, inexpensive total of less than 15 parts per million. Previously, the amount of catalyst required to carry out such organic transformations was nearly 10,000 times higher.

"It's a green way to make chemicals for pharmaceuticals and, potentially, industrial uses," said Pintauer, who heads the five-year study funded by an NSF Faculty Early Career Development Program grant. The grant is award to young faculty members who have not yet received tenure and is based upon their scholarship, the impact of their work and the research exposure they offer to graduate and undergraduate students. The competitive grants are intended to lay the foundation for a lifetime of research and education by professors who are expected to become academic leaders of the 21st century.

Pintauer is working with graduate and undergraduate students in using reducing agents to shrink the amount of metal used as a catalyst and set up a chain reaction that allows the copper catalyst to revert to its initial form and be used over again.

"Normally, these reactions would require a huge amount of metal," Pintauer explained. "This is problematic because it's so hard to get rid of that metal later. We are utilizing environmentally benign reducing agents, such as ascorbic acid, also known as vitamin C, to help reshuffle the metal catalysts. We don't need to pull the reagent out of the compound, so there is no need to do any kind of metal removal."

Others have used ruthenium as a catalyst, which costs $1,000 a gram as opposed to $10 a gram for the copper catalyst that Pintauer uses.

Through the grant, Pintauer's group will research the structure of the catalysts and their use in organic syntheses as well as the organometallic systems Pintauer has been studying. Besides offering this multidisciplinary training across the chemistry fields, the grant provides training for graduate students from Duquesne and other institutions to learn to use sophisticated single crystal X-ray crystallography instruments and allows Pintauer to continue educational outreach with women, minorities and economically disadvantaged students in chemistry.

The NSF grant process weighs whether students are exposed to an intensive research experience and thus, are better equipped for future jobs in government, academics, pharmaceutical and chemical laboratory careers.

NIH awards $12.5 Million grant to Pitt researchers for sexually transmitted infections research center

Researchers at the University of Pittsburgh School of Medicine have received a $12.5 million grant from the National Institutes of Health to establish the UPMC Sexually Transmitted Infections (STI) Cooperative Research Center.

The center will be led by principal investigator Toni Darville, M.D., chief of the Division of Pediatric Infectious Diseases at Children's Hospital of Pittsburgh of UPMC and a professor of pediatrics and immunology at the University of Pittsburgh School of Medicine. Darville's laboratory at Children's Hospital is internationally recognized for its research related to chlamydial infections.

Scientists in the center will focus their research, based at Children's Hospital, the Magee-Womens Research Institute and the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of Pittsburgh School of Medicine, on the prevention of female reproductive tract complications caused by sexually transmitted infections. Their research will be funded through a five-year grant from the National Institute of Allergy and Infectious Diseases.

"This center will bring together many promising research initiatives already under way at Children's Hospital and the Magee-Womens Research Institute and is led by scientists with many years of experience leading basic science and clinical research trials related to sexually transmitted diseases," said Darville. "Through our collaboration, we hope to speed the development of interventions that will limit or prevent genital tract disease in millions of women worldwide and ultimately limit ectopic pregnancy and protect fertility."

The research projects will focus on bacterial infections of the female upper genital tract that produce pelvic inflammatory disease (PID). According to the Centers for Disease Control and Prevention, PID is a common and serious complication of some sexually transmitted pathogens, especially chlamydia and gonorrhea. It can damage the fallopian tubes and tissues in and near the uterus and ovaries, and can lead to serious consequences including infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), abscess formation, and chronic pelvic pain.

Each year in the United States, it is estimated that more than 1 million women experience an episode of acute PID. More than 100,000 women become infertile each year as a result of PID, and a large proportion of the ectopic pregnancies that occur every year are due to PID complications.

The UPMC STI Cooperative Research Center will consist of four projects:

• Project one will be led by Harold Wiesenfeld, M.D., director of the Division of Reproductive Infectious Diseases at the University of Pittsburgh School of Medicine and associate investigator at Magee-Womens Research Institute. The goal of this project is to determine the importance of anti-anaerobic therapy in the treatment of women with PID.

• Project two will be led by Sharon Hillier, Ph.D., professor of obstetrics, gynecology and reproductive sciences, and of microbiology and molecular genetics at the University of Pittsburgh School of Medicine, and director of reproductive infectious disease research at Magee-Womens Research Institute. The goal of this project is to identify novel bacteria that might play a role in the development of PID.

• Project three will be led by Dr. Darville. The goal of this project is to determine the role of Toll-like receptor 2 signaling in innate and adaptive responses to chlamydiae. Toll-like receptor 2 is a protein important in the innate immune system.

• Project four will be led by Thomas Cherpes, M.D., assistant professor of obstetrics, gynecology and reproductive sciences at the University of Pittsburgh School of Medicine and a researcher at Magee-Womens Research Institute. The goal of this project is to identify the specific lymphocyte-mediated immune responses most strongly associated with protection against Chlamydia trachomatis infection and containment of the pathogen to the lower genital tract in a cohort of women at high risk for PID.

Darville is considered one of the world's foremost researchers of Chlamydia trachomatis, a bacterium that is the most frequently reported cause of sexually transmitted disease in the United States. Because symptoms are usually mild or absent, it can damage a woman's reproductive organs and cause irreversible damage, including infertility, before a woman ever recognizes a problem. Her research has provided new insight into how chlamydia damages the reproductive organs, a critically important area in relation to the role of these infections in causing infertility as well as premature labor and complications in sick preterm infants. Her work also has outstanding potential for developing new vaccine targets.

Wiesenfeld's research focuses on PID and its implications on reproductive outcome of women. He currently is involved in a number of clinical trials involving infections of the female reproductive tract. Wiesenfeld directs a clinical unit providing consultative care to women with gynecologic infectious diseases including chronic vaginitis, HIV and other sexually transmitted diseases.

Hillier's research focuses on understanding both the preventive and causative roles that certain microorganisms in the vagina play with respect to genital tract disease, including genital infections and risk of preterm birth; and on the evaluation of topical microbicides for prevention of HIV. Hillier is principal investigator of an NIH-funded grant evaluating topical and oral drugs for prevention of HIV and was the 2009 recipient of the Parran Award by the American Sexually Transmitted Disease Association for her contributions to the control of sexually transmitted infections.

Cherpes investigates regulatory mechanisms used by the host to balance immune responses controlling infection with reciprocal responses preventing damage to self. He also studies mechanisms by which neurons control cell-mediated immune responses elicited by acute viral infection, and he is the principal investigator for an NIH-funded study researching the mechanisms by which hormonal contraceptives increase genital tract shedding of herpes simplex virus type 2 in women.

Washington & Jefferson College's new combat stress campaign seeks to raise awareness of plight of local Guard/Reserve troops

The Combat Stress Intervention Program at Washington & Jefferson College formally launched a community awareness campaign in Cambria, Somerset and Fayette counties to inform those communities about combat stress and its effect on rural National Guard and Reserve service members who have returned from deployments from Iraq and Afghanistan.

CSIP is launching the campaign in conjunction with its research partners, Conemaugh Memorial Medical Center and Highlands Hospital in Connellsville.

"Our research indicates that more than 40 percent of Guard and Reserve service members surveyed after deployment were experiencing stress, emotional, alcohol, drug or family problems. Left unchecked, those troops are at high risk for serious emotional, physical and or behavioral health problems that pose a significant threat to themselves and their families," said John Dowling, CSIP director and a lieutenant colonel in the Army Reserve.

During the coming year, the public will be exposed to a campaign designed to raise public awareness of combat stress issues and their effects on the local National Guard and Reserve population.

The focus of the effort is to direct service members, military families and community members to the CSIP webpage — www.CopingAfterCombat. com – where they can learn more about combat stress issues and their effects. Information provided includes signs and symptoms, how to find help, questions to ask potential providers, tips on approaching a veteran who may be affected, and information about deployment and deployment. A number of public information kiosks will soon be available in the intervention area also where pedestrians can interact and learn more about combat stress.

Concurrently, community educators from Conemaugh and Highlands hospitals will be conducting hour-long community education sessions throughout Cambria, Somerset and Fayette counties over the next six months. The sessions are to inform community organizations about the risks of combat stress and what citizens can do to help. Any organization that would like to host a community education session for their constituents to learn more about the effects of combat stress on the Guard/Reserve population can call (814) 269-5232 (for Somerset and Cambria counties) or (724) 626-2440 (for Fayette County) to schedule a session.

One aspect of the awareness campaign will also target local physicians. CSIP research has shown that while physicians are knowledgeable about combat stress and PTSD, many neglect to ask their patients about military service and their experiences in combat. The average age of a local Guard or Reserve member is significantly older than a typical military recruit who joins out of high school, so it may not be obvious to a physician that a patient is a member of the Reserve Component forces. Local physicians will receive direct mail material encouraging them to "just ask" their patients about military service.

The six-month campaign is part of the second year in a three-year research project to identify barriers to treatment and develop solutions to ensure that rural service members and their families get the supportive services needed to make a successful transition back into the civilian community after overseas deployment. Service members will be surveyed again in 2010 to validate the initial findings. The results will be packaged so the lessons learned and resources can be shared with other rural populations throughout the country.

For additional information about CSIP, call (724) 503-6067 or go to www.CopingAfterCombat.com.

Pitt receives $7.2 Million to develop microbicides against HIV/AIDS

The University of Pittsburgh Graduate School of Public Health has received a five-year, $7.2 million grant from the National Institute of Allergy and Infectious Diseases (NIAID) to develop microbicides against HIV transmission. The grant will allow Pitt to test two microbicide formulations – a film and ring that release the active ingredient over time.

Microbicides are substances designed to prevent or reduce the sexual transmission of HIV when applied topically to the vagina or rectum. Currently, there are several microbicides being tested, but none have been proven effective. Testing of many products will likely be required before finding one that is safe and effective against HIV, as well as easy to use and acceptable to both sexual partners.

"The HIV/AIDS epidemic remains uncontrolled in many regions in the world," said principal investigator Phalguni Gupta, Ph.D., professor and assistant chairman, Department of Infectious Diseases and Microbiology, University of Pittsburgh Graduate School of Public Health. "In developing countries, HIV is most often spread through unprotected heterosexual intercourse, creating a great need for new ways to prevent transmission beyond the condom whose use is often at the discretion of men."

The project at Pitt will involve cell culture and animal studies of two microbicides, RC101 and CSIC, that target different stages of virus growth. RC101 inhibits entry of the virus into a cell, while CSIC works to inactivate an enzyme that the virus needs to grow after it has entered a cell. Study investigators will evaluate these microbicides in two formulations – a film delivery system inserted into the vagina and used for up to seven days, and a ring delivery system inserted on a monthly or periodic basis. They also plan to test the microbicides in the presence of other sexually transmitted diseases and bacterial vaginosis, a common vaginal infection.

"If proven effective, microbicides could have particular impact among women in developing countries, giving them the power to prevent sexually transmitted diseases," said Gupta.

At the forefront of microbicides research, the University of Pittsburgh also leads the National Institutes of Health-funded Microbicides Trial Network (MTN). Headquartered at Magee-Womens Research Institute in Pittsburgh, MTN is a global clinical trials network focused on preventing the sexual transmission of HIV.

In addition to Dr. Gupta, co-investigators of the NIAID grant include Alexander Cole, Ph.D., University of Central Florida; Michael Parniak, Ph.D., University of Pittsburgh; Preston Marx, Ph.D., Tulane University; and Tom Smith, Ph.D., Auritec Pharmaceuticals, Pasadena, Calif.

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Healthy Dose of Success

American Health Information Management Association

Alan F. Dowling, Ph.D., has been named chief executive of The American Health Information Management Association. He is an adjunct professor of information systems at Case Western Reserve University, having also lectured at Georgetown University, the American University of Beirut, Simmons College and the Sloan School of Management at the Massachusetts Institute of Technology, where he earned his doctorate in healthcare management and management information systems. Dowling succeeds out-going AHIMA chief executive Linda Kloss, who announced her resignation in July.

Altoona Hospital


Joyce Haney

Joyce Haney, R.N., B.S.N., of Duncansville has accepted the position of nurse manager of Tower 10, a medical/surgical patient care floor on the Altoona Hospital Campus. She was hired in 1985 as a staff nurse and in 2005 became the nurse manager of B3, an orthopedics and medical/surgical floor, on the Bon Secours Hospital Campus. She received her bachelor's degree in nursing from Mount Aloysius College, Cresson.

Canonsburg General Hospital

Joseph A. Cerenzia of Canonsburg was recently named to the board of directors of Canonsburg General Hospital. Cerenzia is director of public relations at CONSOL Energy Inc.

Conemaugh Health System


Mahdi Al Soudi

Internal Medicine Residency graduates Mahdi Al Soudi, M.D., and Sandeep Yarlagadda, M.D., recently joined the hospitalists at Memorial Medical Center, Johnstown. Prior to starting the Internal Medicine Residency Program at Memorial, Al Soudi earned a medical doctorate from the University of Jordan Faculty of Medicine, Amman. Yarlagadda, who served as chief resident of Memorial's Internal Medicine Residency Program during his final year, received his medical doctorate from Adichunchanagiri Institute of Medical Sciences in India in 2004.


Sandeep Yarlagadda

Duquesne University

Lawrence H. Block, Ph.D., professor of pharmaceutics at the Mylan School of Pharmacy and Graduate School of Pharmaceutical Sciences, has been named a 2009 Fellow by the American Association of Pharmaceutical Scientists (AAPS). AAPS Fellows are recognized for making sustained remarkable scholarly and research contributions to the pharmaceutical sciences, and Block is one of only 21 professionals chosen internationally. He is a member of the United States Pharmacopeia's Council of Experts, has authored more than 80 publications, holds two patents and is recipient of the President's Award for Excellence in Scholarship at Duquesne University. Block holds bachelor's, master's and doctorate degrees from the University of Maryland.

Excela Health

• Diane Bartels, Excela Health cancer registrar, has completed a comprehensive examination on the principles of cancer data abstracting and registry management offered by the National Cancer Registrars Association. She has been on staff at Excela Latrobe Hospital since June 2008. She joins nearly 4,500 other registrars worldwide who have met extensive education and work experience requirements for certification as credentialed cancer registrars.

• Robert J. Rogalski has been named transition chief executive as the search for Excela

Health's next CEO advances. Rogalski, senior counsel and health care practice group co-leader at Thorp Reed and Armstrong, has more than 17 years of experience advising health care systems and hospitals on a variety of legal matters. In his new role as transition CEO, Rogalski will set aside his legal career temporarily to devote his attention to Excela full time.

He previously served as in-house counsel for health systems in western Pennsylvania and the upper Midwest, most recently as vice president and general counsel and compliance officer for Medcenter One Health Systems in Bismarck, N.D. A graduate of Saint Vincent College, Latrobe, Rogalski received his juris doctorate from the University of Pittsburgh School of Law.

• Respiratory therapists Robert Sloan and Shawn Reagan have completed certification in pulmonary diagnostics. The therapists, on staff at Latrobe Hospital, may now use the CPFT specialty credential to indicate this distinction as a certified pulmonary function technologist. Credentialing is awarded after successful completion of an exam given by the National Board for Respiratory Care.

Gateway Hospice

Mary Tobin has been promoted to chief operating officer of Gateway Hospice. She began her career in health care more than 20 years ago and has held a variety of positions in social work, sales and director/operational roles. In her new position as COO, Tobin will continue to meet the regulatory and fiscal needs of running a hospice, while remaining committed to patient care. Her role includes the expansion efforts of hospice services throughout Pennsylvania and neighboring states.

Gateway Rehabilitation Center


Dennis A. Rhodes

Dennis A. Rhodes has been named director of Gateway Sheffield, Gateway Rehabilitation Center's female inpatient and work-release, community-based corrections program located in Aliquippa. Rhodes, of West Pittsburgh, previously was a lead inpatient counselor at Penn Pavilion, a residential community education center for the inmate and parolee population in New Brighton. He has a bachelor's degree in corrections from Youngstown State University and a master's degree in counseling services from Slippery Rock University. He also is a graduate of the United States Navy Corps School in Great Lakes, Ill., serving as a hospital corpsman for 20 years and attaining the rank of chief petty officer.

Healthsouth Hospitals of Pittsburgh


Jay Chakravarthy

Jay Chakravarthy has been named director of marketing operations for Harmarville and Sewickley Rehabilitation Hospitals and Monroeville's Long Term Acute Care Hospital. A graduate of Indiana University in Bloomington, Ind., Chakravarthy received his undergraduate degree in public health education and is currently completing his master's degree in business administration. He has an extensive background in the pharmaceutical and health care industry, with special emphasis on successful marketing techniques, training seminars and leadership development.


Elizabeth McPeak

Elizabeth McPeak, L.S.W., M.S.W., was promoted to senior rehabilitation liaison. McPeak received her bachelor's degree from Allegheny College and her master's degree from the University of Pittsburgh. She will be responsible for assisting the director of marketing operations with territory management and health care marketing initiatives. She has been with Healthsouth for more than five years.


Debra Milchak

Debra Milchak was recently promoted to senior rehabilitation liasion. A graduate of the Universilty of Pittsburgh, Milchak has a degree in respiratory therapy. Her professional career has focused on health care sales and marketing and in her new position she will assist the director of marketing operations with marketing strategies and initiatives.

J.C. Blair Hospital

Jennifer Snavely, D.O., has joined the staff of the J.C. Blair Medical Care Center in Huntingdon. Snavely completed the Altoona Family Physicians Residency Program at Altoona Regional Health System, earned her medical degree at the Philadelphia


Jennifer Snavely

College of Osteopathic Medicine, and completed an internship with Delaware County Memorial Hospital, Drexel Hill. She has a bachelor's degree in psychology from Bryn Mawr College and is a member of the American Osteopathic Association and the Pennsylvania Osteopathic Medical Association.

LaRoche College


Rosemary McCarthy

Rosemary McCarthy, Ph.D., has been promoted to the position of associate vice president for academic affairs, overseeing the daily operations of five academic divisions and the Office of the Registrar at the McCandless Township-located college. McCarthy, of Cranberry Township, earned her bachelor's degree in nursing from Carlow University, Pittsburgh, and her master's degree in nursing from George Mason University, Fairfax, Va. While working as an administrator at Children's Hospital of Pittsburgh, she earned her doctorate from the University of Pittsburgh School of Nursing. She joined La Roche College in 1993 as a faculty member in the Department of Nursing and became chair of the department shortly thereafter. Most recently, McCarthy served as director of nursing programs and interim dean of the college's School of the Professions.


Kathleen A. Sullivan

Kathleen A. Sullivan, Ph.D., R.N., who earlier this year was named chair of the board of Vincentian Collaborative System (VCS), also was named the new division chair of the Education and Nursing departments at the college. Sullivan, a resident of Kennedy Township, also serves as a nursing professor at La Roche. She earned her bachelor's degree in nursing from Saint John College of Cleveland, Ohio, and both her master's degree and doctorate in nursing from the University of Pittsburgh. She also performed post-graduate studies in community health nursing at La Roche College and is a licensed registered nurse in Pennsylvania. Sullivan joined La Roche in 1990 and became involved in the VCS when she became a college representative on its board in 2007.

Mon-Vale Health Resources


Walter H. Young

Walter H. Young has been named executive director of The Residence at Hilltop in Carroll Township, a subsidiary of Mon-Vale Health Resources, Inc. Young most recently served as an administrator for Cumberland Crossing at UPMC Passavant in the North Hills and at Independence Court of Mt. Lebanon in Pittsburgh. A certified personal care administrator and licensed nursing home administrator, he is an instructor of Nursing Home and Assisted Living Administrator Training at the Community College of Allegheny County. He also has been active on the state level as an appointed member of the secretary of welfare's Personal Care Advisory Committee, which included writing the personal care regulations for the state.

West Penn Allegheny Health System

Donald W. Moorman, M.D., will be the new system chair of the WPAHS Department of Surgery. The department has more than 220 physicians, 200 medical students and 55 surgical residents and consists of 11 subspecialty divisions. Moorman joins West Penn Allegheny from Beth Israel Medical Center in Boston, where he served as vice chair of clinical affairs, associate surgeon-in-chief, director of Beth Israel's Trauma Center and an associate professor of surgery at Harvard Medical School. He is graduate of the University of Iowa College of Medicine and is certified by the American Board of Surgery. He is a frequently-published author in his field of specialty and is an active member of several academic professional organizations, including the American College of Surgeons and the Society of American Gastrointestinal and Endoscopic Surgeons. He also is a past president of the Midwest Surgical Association.

Please submit your candidates for "Healthy Dose of Success" to wpahospitalnews@gmail.com

AHIMA Foundation receives $48,000 grant for summit

The Agency for Healthcare Research and Quality (AHRQ) awarded the American Health Information Management Association (AHIMA) Foundation a $48,000 research development conference grant to lead a groundbreaking two-day summit scheduled for April 2010 in Washington, DC.

The summit will be based on a new project, "Setting a Quality Improvement Health Services Research Agenda to Leverage Health Information Technology/Health Information Management Implementation in Rural America."

The AHIMA Foundation's primary goal with this grant is to fill a void in health services research agenda setting with a focus on quality improvement. The summit will convene public and private stakeholders, industry experts and practitioners, who will discuss quality-based incentive programs for health information technology (HIT) uptake in small physician offices and hospitals in rural communities.

"Speakers will address a range of timely topics that can affect consumers, providers, insurers and government on both the local and national level," said Mary Madison, executive director of the AHIMA Foundation. "The conference will also serve as a catalyst for facilitating multi-stakeholder research collaborations across the healthcare industry."

The conference objectives are to:

- Present and discuss the economic and strategic impact of HIT on pay-for-quality improvement efforts with a focus on rural areas, healthcare disparities, workforce shortages, safety and quality—such as privacy, data accuracy and security.
- Discuss current challenges and controversies that include policy and practice in quality improvement, and the current state of the research.
- Create a quality improvement-based research agenda to address gaps in current research, policy and practice.

Bedford Memorial offers new incisionless procedure to eliminate heartburn

UPMC Bedford Memorial has announced that David C. Faber, M.D., of Bedford Surgical Associates Inc., is the first in the Bedford/Blair/Cambria county areas to offer the new Transoral Incisionless Fundoplication (TIF) using the EsophyX device for the treatment of gastroesophageal reflux disease.

Gastroesophageal reflux disease (GERD) is the flow of the stomach's contents and acid back up into the esophagus. This happens when the esophageal valve, part of the antireflux barrier, becomes weak or nonfunctional. GERD is also called heartburn, reflux and esophageal reflux.

Over the long term, persistent exposure of the delicate tissue of the esophagus to the acid contents of the stomach can cause chronic inflammation or esophagitis, which can lead to a potentially serious condition called Barrett's Esophagus. In some cases GERD sufferers may experience non-heartburn symptoms, such as hoarseness, persistent cough, dental erosions, sore throat, discomfort in the ears and nose and asthma-like symptoms. These symptoms cannot typically be resolved through drug therapy.

In addition to dietary controls, medications like non-prescription antacids, proton pump inhibitors and H2 blockers help prevent the acceleration of GERD. Over time, however, these medications may lose their effectiveness requiring increased dosage, increasing cost, and increasing the risk of long term side effects. Invasive surgical procedures such as the Nissen Fundoplication have long been known to be effective therapy for GERD. The risk of adverse events and the invasive nature of these procedures have made them lose popularity in recent years.

The EsophyX TIF procedure is performed safely, quickly and comfortably through the mouth, not through an incision. The procedure reconstructs the body's natural antireflux barrier to prevent the backflow of stomach acids into the esophagus. Most patients can return to work within a few days following this procedure.

Clinical results show that more than 85 percent of patients are completely off acid reflux pills 12 months after the procedure and report a significant reduction or elimination of heartburn symptoms.

For more information contact Faber at Bedford Surgical Associates Inc. at (814) 623-1002.

Guidelines From **Page 13**

Although the USPSTF recommendation statement may not necessarily change any current preventative care policies for breast cancer, there are many new and developing treatment options that will give additional hope to those who are afflicted by this disease. Brufsky explains, "In addition to better detection in general, we have actually greatly improved systemic therapy. For example, I think we've gotten a lot better with the kinds of anti-hormonal therapies that we give to people, like Tamoxifen or Arimidex. There are also up-and-coming therapies like Falsodex, and better chemotherapies that use milder drugs like Xeloda, Herceptin and Avastin."

He continues, "These things have really started to change the landscape for women who have early-stage breast cancer by preventing recurrences. Also, in women with later-stage breast cancer, their survival has increased dramatically – by at least a year or two if not more." Women who were diagnosed with metastatic breast cancer were often given only a year or two to live, according to Brufsky. With these new treatments, many of the same patients can survive three to five years and beyond.

"That's a direct result of these new treatments, and in fact, there are even more new ones coming," Brufsky says. "For example, there's a class of drugs called PARP inhibitors which inhibit a step in DNA repair in breast cancer."

Because of these advancements and a trend toward highly individualized therapy, his prognosis for survival rates is full of hope and optimism. "I would say that 80 to 90 percent of women who are diagnosed with breast cancer in 2010 will likely survive their disease."

University pharmaceutical, science consortium receives FDA contract

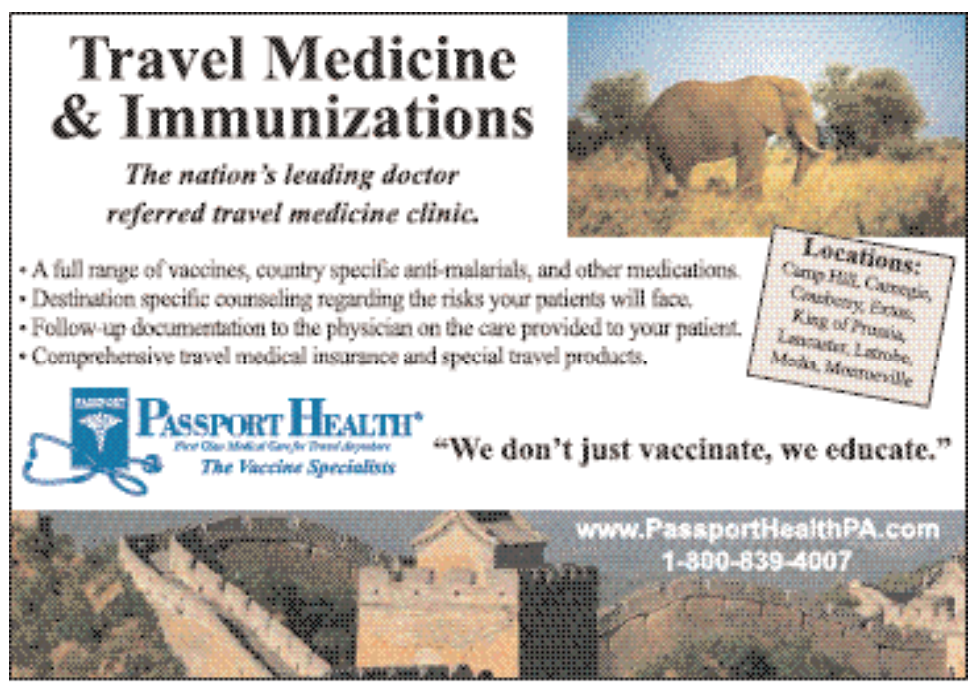
The U.S. Food and Drug Administration (FDA) has awarded the National Institute for Pharmaceutical Technology and Education Inc. (NIPTE) a $652,000, two-year contract to develop and deliver a professional development program to help to ensure that FDA reviewers are current in state-of-the-art pharmaceutical manufacturing and technology.

The implementation of this contract will require the design, development, delivery and assessment of an educational program based on the needs of the FDA's Office of Pharmaceutical Science (OPS) staff that review and evaluate the quality information for new drug applications. The program will increase the ability of reviewers to apply the newly acquired knowledge to practical issues associated with the review, research and policy-making activities.

In the initial period, NIPTE will work with the OPS on identifying the needs and developing recommendations on training areas. Once the assessment is complete, NIPTE will develop and deliver a scientific training program for the designated OPS staff.

The program will begin this year and is expected to be completed by September 2011.

Duquesne University is one of 11 leading pharmaceutical science and engineering schools nationwide to participate in NIPTE and has previously been involved in FDA reviewer training.



PNC Park event planners offer turn key services to clients

When considering a venue for hosting an event, one should consider the "turn key" services provided by the venue staff. The phrase "turn key" describes an event that is almost completely planned and executed by the event manager. Having the venue's event managers handle the details allows the host to stay focused on the guests.

Examples of circumstances that would benefit from a turn key venue may include the following:

• Can the event be done within budget? Often times the budget issue is one that will limit your choices when it comes to the venue. A venue that can provide turn key services – therefore not taking on additional expenses with multiple vendors, services and set-up or service charges -- is worth paying for. The role of your turn key event planner should be to not only keep the event within budget, but to maximize and even extend your budget. Your goal is to "wow" the guest; our goal is to "wow" you, the client. The small details are what make a lasting impression. Turn key venues focus on those details without being a budget buster.

• Not sure what type of menu to consider? Let your event planner work with the caterers to provide appropriate options. Every aspect of food and beverage can be planned, from what is to be served to what is the best time to serve it. Allow an event manager who has experienced many different types of events plan and design the menu best suited to your style.

• Want to be sure your guests have a great time? Ask your event manager for live entertainment options that traditionally do well for your targeted audience. Bands and DJs are just scratching the surface. How about magicians, comedians, games or caricature artists?

• Concerned that your guests will arrive on time and be able to park at the venue? Ask your event manager to coordinate services such as valet or reserved parking.

Turn key services, such as those offered with PNC Park Events, are similar to hiring a private event planner without the added cost. Clients who choose PNC Park experience a stress-free event planning experience and are pleased with the results.

For more information on planning your event at PNC Park, contact Ann Elder, manager of PNC Park Events, at ann.elder@pirates.com or (412) 325-4746. Learn more about PNC's event planning at pirates.com/pncparkevents.

HFMA's Virtual Healthcare Finance Conference and Career Fair
Online
January 12-13, 2010
(800) 252-4362 ext. 2 or virtualhcfc@hfma.org

Hospital Mortality Rates and Implications for Palliative Care Programs
Teleconference
January 13, 2010
http://www.capc.org/support-from-capc/audio-conf/01-13-10/index_html

Transitioning to OASIS-C
Radisson Penn Harris Hotel & Conference Center, Camp Hill, PA
January 13-14, 2010
Sharon Gochenauer (717) 975-9448 ext. 21

Exceptional Leadership
ACHE Learning Online
January 13 - February 24, 2010
(312) 424-9400

The Caring Connection - The Aide's Role in Helping Patients with OTC Medications
Teleconference
January 14, 2010
www.pahomecare.org

Home Instead Senior Care "Stages of Senior Care" Discussion
Sheraton Station Square
January 20, 2010
(412) 595-7554 or stagesofseniorcarepittsburgh.eventbrite.com

Sustaining Leadership Development During Economic Downturns
ACHE Learning Webinar
January 20, 2010
(800) 775-7654

2010 OPPS Final Rule: What You Ned to Know to Comply with the New Rules
Audio Conference
January 21, 2010
mbarth@haponline.org

Rural Health Policy Institute
Capital Hilton, Washington, DC
January 25-27,2010
(816) 756-3140 ext. 10

CPT 2010 Coding Update
Audio Conference
January 26, 2010
mbarth@haponline.org

Pastoral Care Conference, "Spritiual Care at the End of Life: Beyond Bedside Prayers"
Center for Compassionate Care, Mt. Lebanon, PA
February 18, 2010
Eric Horwith (412) 651-5853

AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosos and Procedure Coding
Hyatt Regency Huntington Beach, Huntington Beach, CA
February 19-21, 2010
(800) 335-5535 or http://www.ahima.org/events/icd10trainer/feb-2010.htmlhttp://www.ahima.org/events/icd10trainer/feb-2010.html

Quality Measure Reporting: A Guide to Greater Effieiency
Virtual Meeting
March 3, 2010
(800) 335-5535 or http://www.ahima.org/events/qualitymeasure/

HIMSS 2010 Annual Conference & Exhibition
Georgia World Congress Center, Atlanta, GA
March 1-4, 2010
www.himssconference.org

Conference On the Slopes
Seven Springs Mountain Resort, Seven Springs, PA
March 3-5, 2010
www.pamsonline.org

American Academy of Hospice and Palliative
Boston, MA
March 3-6, 2010
http://www.association-office.com/aahpm/etools/meetings/meetings.cfm

10th Annual John M. Templeton Jr. Pediatric Trauma Symposium
The Union League of Philadelphia, Philadelphia, PA
March 5-6, 2010
www.chop.edu/cme

The Red Ball
Please Touch Museum, Philadelphia, PA
March 6, 2010
redball@redcross-philly.org

16th International Conference on Cancer Nursing
Atlanta, GA
March 7-March 11, 2010
www.isncc.org

The League of Intravenous Therapy Education 38th Annual Educational Conference
Holiday Inn Washington-Meadow Lands, Washington, PA
March 11-12, 2010
(412) 244-4388 or info@lite.org

Principles and Practice of Gamma Knife Radiosurgery
UPMC Main Conference Room, Fourth Floor, B-Wing
March 15-19, 2010
Charlene Baker (412) 647-7744 or bakerch@comcast.net

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa
UPMC Presbyterian, Suite B-400
March 17-20, 2010
Mary Jo Tutchko (412) 647-6358 or tutchko@upmc.edu

2nd Annual Advanced Topics in Thyroid and Parathyroid Surgery
Renaissance Pittsburgh Hotel
March 19-20, 2010
Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

2010 Congress on Healthcare Leadership
Hyatt Regency, Chicago
March 22-25, 2010
(312) 424-9400 or contact@ache.org

Coding Quality and RAC: Partnering for Long Term Success
Capital Hilton, Washington, DC
March 24-25, 2010
(800) 335-5534 or http://www.ahima.org/events/codingquality/index.html

Hospice Foundation of America Teleconference, "Living With Grief: Cancer and End of Life Care"
Center for Compassionate Care, Mt. Lebanon, PA
March 25, 2010
Family Hospice Bereavement Dept. (412) 572-8829

PHCA/CALM Personal Care/Assisted Living Summit
Sheraton Harrisburg, Hershey, PA
March 25, 1010
www.phca.org

18th Annual Clinical Update in Geriatric Medicine
Omni William Penn Hotel
March 25-27, 2010
http://ccehs.upmc.edu (412) 647-8323 or ccehsconfmgmt101@upmc.edu

Technology for Life and Living 2010
Omni William Penn Hotel
March 26, 2010
Krystal Moore (412)647-7050 or moorek12@upmc.edu

Clinical and Translational Research and Education Meeting
Marriot Wardman Park, Washington DC
April 5-7, 2010
Angela Kite (919) 861-4538 or akite@firstpointresources.com

PAMS Spring Symposium 2010
Hotel Hershey, Hershey, PA
April 8-11, 2010
info@pana.org

Alumni Day Pediatry Otolaryngology Update 2010
Rangos Conference Center CHP
April 9-10, 2010
Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

Oral Cavity Cancer Course
Churchill Valley Country Club
April 10, 2010
Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

PaACEP's Annual Scientific Assembly
Radisson Valley Forge Hotel, Valley Forge, PA
April 14-16, 2010
www.paacep.org

PaACEP's Spring Oral Board Review Course
Platinum Hotel and Spa, Las Vegas, NV
April 19-20, 2010
www.paacep.org

Principles and Practice of Gamma Knife Radiosurgery
UPMC Main Conference Room, Fourth Floor, B-Wing
April 19-23, 2010
Charlene Baker (412) 647-7744 or bakerch@comcast.net

4th World Congress for Endoscopic Surgery of the Barin, Skull Base, and Spine
David L. Lawrence Convention Center
April 28-30, 2010
Gina BeBlasis (412) 441-9811 ext. 15 or info@skullbasecongress.com

Blood in Motion Conference
Sheraton Station Square
April 30, 2010
Deb Small (412) 209-7320 or dsmall@itxm.org

Allergies and Sinus: 5th Annual Update in Rhinology
UPMC Biomedical Science Tower, Room S120
May 7, 2010
dibattistem@upmc.edu

Surgical Pathology of Organ Transplantation
Herberman Conference Center, UPMC Shadyside
May 7-May 8, 2010
ccehsconfmgmt201@upmc.edu

Voice Therapy: A Comprehensive Approach
UPMC Mercy, Clark Auditorium
May 12-14, 2010
dibattistem@upmc.edu

2010 American Geriatrics Society
Walt Disney World Swan and Dolphin Hotel, Orlando, FL
May 12-15, 2010
www.americangeriatrics.org

Brain Injury Conference
UPMC Mercy, Clark Auditorium
May 15, 2010
synnottm@upmc.edu

Pediatric Critical Care Colloquium 2010
Fairmont Pittsburgh
May 15, 2010
ccehsconfmgmt201@upmc.edu

23rd Annual Family Hospice and Palliative Care Golf Benefit
Valley Brook Country Club, McMurray, PA
May 17, 2010
Karen Eckstein (412) 572-8812

PAMS 2010 Annual Convention
Seven Springs Mountain Resort, Seven Springs, PA
May 20-21, 2010
www.pamsonline.org

Principles and Practice of Gamma Knife Radiodsurgery
UPMC Main Conference Room, Fourth Floor, B-Wing
June 7-11, 2010
bakerch@comcast.net

Pennsylvania Acadent of Otolaryngology Annual Scientific Meeting
The Hershey Lodge and Convention Center, Hershey, PA
June 25-26, 2010
http://www.otopa.org/

Pennsylvania Allergy and Asthma Association Meeting 2010
Hotel Hershey, Hershey, PA
June 25-27, 2010
(717) 558-7750 x1592 or lramsey@pamedsoc.org

18th Annual Health Forum and the American Hospital Association
Manchester Grand Hyatt, San Diego, CA
July 22-24, 2010
www.aha.org

PancreasFest 2010 and the 6th International Symposium on Inherited Diseases of the Pancreas
The University Club, University of Pittsburgh/UPMC
July 29-31, 2010
merusij@msx.dept-med.pitt.edu

Camp Healing Hearts, One-Day Bereavement Camp for Kids
Center for Compassionate Care, Mt. Lebanon, PA
August 14, 2010
Family Hospice Bereavement Dept. (412) 572-8829

PHCA/CALM Annual Convention and Trade Show
Seven Springs Mountain Resort, Seven Springs, PA
September 14-16, 2010
www.phca.org

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa
UPMC Presbyterian, Suite B-400
September 19-22, 2010
tutchomj@upmc.edu

43rd Annual Scientific Meeting
The Westin Philadelphia, Philadelphia, PA
September 23-26, 2010
www.starwoodhotels.com

Pennsylvania Pharmacists Association Annual Conference 2010
Four Points Pittsburgh North, Mars, PA
September 30-October 1, 2010
Jennifer Rogers (717) 234-6151 ext. 104 or jrogers@papharmacists.com

17th Annual PAA Convention
Penn Stater, State College, PA
September 30-October 2, 2010
(215) 780-1457

2nd Annual Family Hospice and Palliatve Care Memorial River Walk
South Side Works and Heritage River Trail
October
Karen Eckstein (412) 572-8812

Fall Symposium and PANA Annual Business Meeting
The Bedford Springs Resort, Bedford, PA
October 22-24, 2010
info@pana.org

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa
UPMC Presbyterian, Suite B-400
December 7-10, 2010
tutchomj@upmc.edu

Roth IRAs offer new tax breaks for high net-worth individuals in 2010

By Nadav Baum

Since last May, when I first began talking about the enormous opportunity that the new Roth IRA conversion rules may offer many investors in these pages, the tax-friendly Roth has taken on a life of its own. This potentially invaluable tax-planning tool has been garnering extensive interest from advisors to investors and everyone in between because of the possibility of having investments not be taxed when you cash them in during retirement. To all physicians and other health care professionals, I cannot stress enough the importance of this opportunity.

The new year marks the first year that high net-worth individuals can take advantage of rolling their investments over from traditional IRAs to Roth IRAs. The Internal Revenue Service has developed new rules, which take effect Jan. 1, that enable high net-worth individuals to take advantage of Roth IRAs. Prior to 2010, Roth IRA conversions were only geared towards those with a gross adjusted income of less than $100,000 per household. The new rules will allow all individuals, regardless of their income levels, to convert their traditional IRA and 401(k) accounts to Roth IRAs.

Roth IRAs could offer real advantages to individuals in the areas of tax, retirement, and estate planning. Some of the more significant benefits are:

• Roth IRAs are funded with after-tax dollars

• Roth IRAs grow tax-free

• When participants withdraw funds from a Roth IRA, they do not pay federal taxes on them

• Converting to a Roth IRA creates a tax-free vehicle from which one can derive retirement income

• The taxable income that results from a conversion in 2010 can be spread out over the succeeding two-year period of 2011 and 2012

• High net-worth individuals who convert to a Roth IRA are not subject to mandatory minimum distribution requirements from this account at the age of 70.

An additional benefit of the Roth IRA is in estate planning. Roth IRAs provide an excellent way to transfer assets since the account grows tax-free without any requirement to make distributions during your lifetime. Roth IRAs are not considered income to the decedent, and consequently the beneficiaries will not pay income tax when they withdraw funds from a Roth IRA.

One little know benefit of the new Roth conversion rules is called the in-service non-hardship employee withdrawal, which allows employees who are enrolled in a qualified employer retirement plan to withdraw a portion of their plan's account value upon request. For the in-service non-hardship option to make sense, you have to first roll money over from your 401(k) plan to a traditional IRA account, which can then be converted to a Roth IRA. Investors could potentially take advantage of this feature when seeking a more diverse investment with greater trading opportunities in a traditional IRA, compared to an employee-sponsored 401(k) plan.

As always, before making a decision about any investment product or decision, an investor should first exercise scrutiny and do the proper homework. In addition, when making any important financial decision such as converting a traditional IRA to a Roth IRA, you should first make sure to consult your certified public accountant.

Baum is an executive vice president at BPU Investment Management. He can be reached at nbaum@bpuinvestments.com.

(The Roth IRA) has been garnering extensive interest from advisors to investors and everyone in between because of the possibility of having investments not be taxed when you cash them in during retirement. To all physicians and other health care professionals, I cannot stress enough the importance of this opportunity.

Online expense tracker organizes, simplifies heath care costs

By Stephanie Bernaciak

"Does my insurance cover that?" "How much is my copay?" "What do I owe for my son's recent visit to the pediatrician?"

Such questions are becoming more common for many employees as they assume increasing responsibility for their health care costs. Whether trying to figure out what is covered by their insurance plans or keeping track of out-of-pocket expenses, many people lack access to information as to what health care truly costs.

UnitedHealthcare recently introduced an innovative tool to help consumers enrolled in employer-sponsored health plans navigate the health care system and their personal health expenses. The Quicken Health Expense Tracker – an online program that organizes and presents health care expenses, claims and payments – is now available to many employees to help them better understand the cost of their health care.

Drawing information from claims data, the Expense Tracker compiles medical insurance claims and other health care expense information into one easy-to-use online profile. Users can access the interactive portal anytime and anywhere through www.myuhc.com to see an overview of their medical finances along with helpful tips and explanations for managing their health care.

When an employee voluntarily signs up for the Expense Tracker, UnitedHealthcare automatically uploads as much as 18 months' worth of health-related financial and claims data to help create a comprehensive profile of the employee's medical finances. The information is updated frequently to bring the employee timely and relevant information, including recent account activity and a summary of new and outstanding balances to show consumers how much they owe.

The Expense Tracker can send e-mails to notify employees if a claim is incomplete or if they have to pay any additional amount. Employees can pay physicians the additional costs through the Expense Tracker, just like any other online payment.

Also, the Expense Tracker helps employees maximize their pretax savings by helping them determine how much money they should set aside for flexible spending accounts or health savings accounts. The online tool also tracks medical expenses for tax reporting purposes.

Aside from making financial information more accessible, the Expense Tracker helps employees better understand health care costs. It explains the calculations behind amounts billed and owed, and illustrates the current status of deductibles and out-of-pocket spending.

An easily accessible, comprehensive profile of personal medical expenses makes the financial side of health care more manageable not only for consumers, but for their employers, physicians and health insurers. By enhancing employees' understanding of health care costs, the Expense Tracker helps them take ownership of their health-related expenses.

UnitedHealthcare anticipates that by January 2010 nearly 18 million people who are enrolled in a UnitedHealthcare health plan will have access to the Quicken Health Expense Tracker. This and other online tools aim to help transform the way people think about health care and represent a positive and innovative step forward in modernizing our health care system.

Bernaciak, vice president of UnitedHealthcare of Pennsylvania, can be reached at svbernaciak@uhc.com.

Increase practice profits by eliminating vendors' add-on fees

By Jeffry Finkel

Are you frustrated with the rise in costly and annoying add-on fees appearing on vendor invoices? I was reminded of this during a recent visit to a national car repair shop to have my oil changed and tires rotated. As expected, there was the usual oil disposal charge – a fee I had come to accept after companies began charging it a few years ago. My invoice this time showed a new charge – "Shop Fee." What?

It seems like many companies use inventive ways to generate extra revenues that often seem unwarranted.

How can you eliminate some add-on fees? Here are some tips:

• Pay bills online: How many times has the practice paid late fees because your "snail mail" (via USPS) payment arrived late? Credit card late fees have been rising over the last few years and are now as high as $39. Furthermore, you incur finance charges when payments are late, even if you pay the entire balance. Paying bills online saves time, postage and envelopes. You also receive instant payment confirmation.

While some vendors permit you to make payments up until midnight of the due date, others set earlier cut-off times. Make sure you know your vendor's cut-off time. Better yet, get in the habit of paying your invoices a day or two early. You may be able to schedule payments in advance, in which case you can review the invoice when you receive it, schedule an online payment on or before the due date, and consider the invoice "handled."

• Avoid overdraft checking account fees: Overdraft fees -- also known as NSF (non-sufficient funds) fees -- are also steadily rising. If your practice has paid NSF fees, consider establishing overdraft protection (i.e., your bank transfers money from another of your accounts or a line of credit to cover the shortage). These fees are much lower than overdraft fees. Even better, balance your checkbook regularly and always ensure there are sufficient funds in the account.

• Be careful when the check is a "bill": Have you ever deposited a small check (e.g., $5) from your phone company only to begin seeing charges on your bill for unwanted services (e.g., online directory advertising)? Or, have you cashed a check from your credit card company only to receive unnecessary automobile club benefits? Perhaps you mistakenly thought the check was a refund. Require your staff to read all "small print" on the back of checks so you can avoid accepting checks that obligate you for products or services you do not want.

• Be on the lookout for compliance fees: Earlier in the year, many customers of one particular mega bank began noticing $139 charges on their merchant processing statements. The fee covered the cost for an outside vendor to audit each practice's provisions for securing patient credit card information. The bank did not ask the practices if they wanted to use this vendor. They simply mailed the practices a letter advising them to call the vendor to conduct the audit, and the bank automatically charged the fee. Meanwhile, other banks and credit card companies were providing the service for free.

I helped several practices recover these compliance charges. Don't just automatically pay questionable charges. Discuss them with your vendors, and insist they remove unreasonable fees.

• Consider canceling credit card terminal and postage meter insurance: Do you really need this type coverage? It can cost hundreds of dollars annually. Your vendor may provide free ink and paper rolls for your equipment, but you can purchase these supplies inexpensively elsewhere. Most practices have business insurance that covers damage to office equipment, so don't pay for duplicate coverage. Most credit card terminals last for years. For the cost of two years of terminal maintenance insurance with some vendors, you could afford to buy a new terminal if yours becomes defective.

• Consider canceling inside telecom wiring maintenance: When was the last time you had a wiring problem inside your office you had to pay to fix? Probably a while ago; maybe never. If you pay for inside wiring maintenance, consider canceling your coverage if you think you do not really need it. Telephone companies fix many problems in the central office and outside your office – repairs you are not charged for.

Take action now to cut costs. Review your invoices carefully.

Finkel is president and owner of Overhead Reduction Services. He can be reached at (404) 995-9112, (877) 990-8746, or Jeff@OverheadReductionServices.com. View more money saving tips at www.OverheadReductionServices.com.

In Stitches

Be of good cheer! (No, really!)

By Ron Cichowicz

I'm guessing that one of the happier moments this past holiday season for all of us was when we finally got to throw away our 2009 calendar and replace it with 2010.

Let's face it: 2009 will not go down in anyone's book as a good year. In fact, if you eliminate 1347 (the beginning of the Black Death in Europe), 1929 (the start of the Great Depression), 1941 (when the U.S. entered WWII), and maybe even 1971 (the last year "Hee Haw" ran on CBS), this year just might just be the worst ever in the history of mankind.

The biggest headache, of course, was caused by the worldwide economic collapse. You may of heard of it. It was in all the papers. It only led to widespread unemployment, financial giveaways to "businesses too big to fail," and, ultimately, record viewership for Fox. (I threw that last one in as a concession to my more liberal friends.) In fact, it could be said that just about everyone has been negatively impacted by this: those who lost their jobs, those who got to keep their jobs but now have to work twice as hard for the same or even less pay, and those few who got to decide who could stay and who could go and now have to listen to all the incessant whining about unemployment on the evening news. (I mean, how's a fat cat supposed to enjoy his dinner, anyhow?)

2009 was also the year that our president won the Nobel Peace Prize for what he's thinking about doing (then used much of his acceptance speech to explain why we're at war), the new Secretary of the Treasury is a guy who—oops!—forgot to pay his taxes, and world leaders routinely flew private jets to exotic places to discuss how to fix the environment.

Oh, and did I mention that the Steelers lost to Oakland, Kansas City, AND Cleveland?

But, hey, we at In Stitches have always encouraged everyone to look at the bright side of life, even if the credit card companies keep calling and the repo man has become like a member of the family.

So instead of sitting there swilling spiked eggnog while watching reruns of "It's a Wonderful Life" and cheering for George Bailey to go ahead and jump off the bridge, I want to offer an alternative. Let's instead give thanks for the little joys in life, such as:

• The fast food worker at the drive through window who actually got your order correct.

• The mechanic who decided not to pay for his kid's dental work by turning a minor repair to your car into a major overhaul.

• The employer who chose not to take the easy way out of an economic pinch by randomly firing employees who depend on a regular paycheck in favor of—omigosh!—doing a better job of running his or her organization effectively.

• The refuse worker (or is it sanitation engineer?) who takes a moment to pick up the bits of garbage he spills on your lawn rather than leaving it for you as if it was your fault it spilled when he grabbed the garbage bag wrong.

• The elected official who, foregoing his own greed and lust for power, actually put the needs of the people first. (Okay, wait a minute, I even made myself laugh with that one!)

• The professional athlete who made an average (or even great) play and decided not to engage in some bizarre behavior designed to bring attention to himself rather than the team. Especially when his team is getting clobbered.

• The wealthy actor who stands in front of a microphone and chooses not to use her celebrity to espouse her political views and tell the rest of us how to live. Or what to eat. Or wear. Or think.

• The motorists who didn't decide that they did indeed own the road.

• The newspaper delivery person who actually hits the porch once in awhile and not the flower bush. (That one was for my wife.)

So whatever it is, we'll get through it. Happy New Year everybody! And keep smiling!

Cichowicz in an award-winning author and lecturer. His presentation topics include the benefits of humor, motiviation and leadership, and public relations and fund raising for nonprofits. He can be reached at roncichowicz27@comcast.net.

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St. Barnabas Health System frequently has job openings at its three retirement communities, two assisted living facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay, and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com. www.stbarnabashealthsystem.com

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For a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization, located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way.

For more information, please contact Joan Mitchell, for Independent Living; Michele Brunchi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org

BAPTIST HOMES SOCIETY

For almost 100 years, Baptist Homes Society has served older adults of all faiths throughout the South Hills. As a continuing care retirement community, we provide a full continuum including independent living, short-term rehabilitation, personal care and assisted living, memory support, skilled nursing programs and hospice care. Between our two campuses, we offer one-stop shopping for senior living services. Baptist Homes, our Mt. Lebanon campus, serves nearly 300 older adults. Providence Point, our new campus in Scott Township, has the capacity to serve over 500 older adults. Our mission is to offer a full continuum of enriched living, compassionate care, and benevolence to a broad spectrum of individuals. Baptist Homes Society is both Medicare and Medicaid certified. For more information visit our websites (www.baptisthomes.org or www.providencepoint.org) or arrange for a personal tour at either campus by calling Karen Sarkis, Community Outreach Liaison, at 412-572-8308. Baptist Homes is located at 489 Castle Shannon Boulevard, Mt. Lebanon, and Providence Point is located at 500 Providence Point Boulevard, Scott Township.

COMMUNITY LIFE

Living Independently For Elders

Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social services, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis, to receive healthcare and social services, meals, and participate in various activities.

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412-257-4444 • Fax: 412-257-8226

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The Kane Regional Centers, located in Glen Hazel, McKeesport, Ross and Scott, provide 24-hour skilled nursing care, rehabilitation services, specialty medical clinics and dedicated units for dementia care to the residents of Allegheny County. Admission to the Kane Regional Centers is based on medical needs and can occur within 24 hours, including weekends and holidays. Kane accepts a number of insurance plans well as private pay. To apply for admission to the Kane Regional Centers call (412) 422-6800.

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A regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home healthcare, senior condominiums, low-income and supportive rental housing. For more information:

Presbyterian SeniorCare - Oakmont
1215 Hulton Road, Oakmont, PA 15139
412-828-5600
Presbyterian SeniorCare - Washington
825 South Main Street, Washington, PA 15301
724-222-4300

ST. BARNABAS HEALTH SYSTEM

Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Assisted living is available at The Arbors at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, dentists, rehabilitation therapists, home care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Keast Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem.com.

WESTMORELAND MANOR

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Shelley Thompson, Director of Admissions
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Fax: (412) 473-0212
1789 S. Braddock Avenue, Suite 395
Pittsburgh, PA 15218
• Latrobe Office
Phone: (724) 537-4686
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PUBLIC HEALTH SERVICES

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